



2022-2023

**Application for Membership**

Cayuga & District Chamber of Commerce  
 PO Box 118, Cayuga, ON, N0A 1E0  
 905-772-2005  
 Email: cayugachamberofcommerce@gmail.com

**Please complete this form and return it to the Cayuga & District Chamber of Commerce.**

Name of Business/Organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Representatives: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Description of Organization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Member Since: \_\_\_\_\_ Year Company Est.: \_\_\_\_\_ # of Employees: \_\_\_\_\_

*If you own more than one company each additional company only costs \$22.60 for a membership. Please complete separate forms for each company. Reference main company (paying full fee) on the additional company line below.*

Check One	Membership Type	Fee	HST	Total	Paid
	Business	\$50.00	\$6.50	\$56.50	
	Private/Individual	\$25.00	\$3.25	\$28.25	
	Non-Profit Organization	\$25.00	\$3.25	\$28.25	
	Additional Company	\$20.00	\$2.60	\$22.60	
		<b>Total Paid:</b>			

*If Additional Company, please enter Main Company:* \_\_\_\_\_

Please circle YES or NO for the following:

Please send information on the Chamber's Group Health and Life Insurance: YES NO

I, or a member of my business, would be interested in serving on the board: YES NO

**Payment must accompany this application.**

**e-transfer is preferred for payment to [cayugachamberofcommerce@gmail.com](mailto:cayugachamberofcommerce@gmail.com) or please make your cheque payable to Cayuga & District Chamber of Commerce.**

**Thank you for joining our Chamber of Commerce.**