 **2024-2025**

**Membership Application**

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

**Company Name/Organization/Individual:**

**Address:**

**Phone: Website:**

**Email address:**

**Representatives:**

**Description of Business:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Check One** | **Membership Type** | **Fee** | **HST** | **Total** | **Paid** |
|  | Business | $125.00 | $16.25 | $141.25 |  |
|  | Private/Individual | $25.00 | $3.25 | $28.25 |  |
|  | Non-Profit Organization | $25.00 | $3.25 | $28.25 |  |

**Please circle YES or No for the following:**

Please send my business information on the Chamber’s Group Health and Life Insurance: YES or NO

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

**Payments can be made via EMT to** **cayugachamberofcommerce@gmail.com** **please use the password “Cayuga” or by cheque payable to Cayuga & District Chamber of Commerce.**