



MEMBERSHIP APPLICATION

Date: _____

BUSINESS NAME			
Established in	BUSINESS TYPE <i>Please check which best applies</i>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Government
		<input type="checkbox"/> Not-for-profit	<input type="checkbox"/> Other
MAILING ADDRESS			
PHYSICAL ADDRESS <i>(if different from above)</i>			
TEL		Toll free	
FAX		General Email	
WEBSITE			
MAIN CONTACT			
POSITION			
TEL		Ext.	email

ABOUT YOUR MEMBERSHIP

Membership continues UNTIL REVOKED IN WRITING up to 30 days after the anniversary date, at which time your membership certificate must be returned to the Chamber office. Failure to return will result in a charge of \$30.

PLEASE NOTE: Your signature on this document indicates it has been completed accurately and truthfully, and authorizes the Chamber of Commerce to publish the information contained within this application in Chamber Directories, where applicable. Please ensure you have completed all sections of this application to avoid delays in processing.

PRIVACY POLICY

The Chamber DOES NOT distribute or sell electronic lists of its membership. In mass electronic communications with members, individual email addresses are not made visible to others.

For more information about the Chamber of Commerce please visit our website at:
brantfordbrantchamber.com

Admin notes:

As a measure of fiscal and environmental responsibility, the Chamber of Commerce utilizes electronic mailing as its primary means of communication with members, including invoicing, event notifications and other correspondence. To ensure information reaches the proper individuals, please provide the following information:

Membership Dues Contact	_____	email: _____
Advertising Contact	_____	email: _____
Events Contact	_____	email: _____

The Chamber of Commerce often sends electronic newsletters, notifications of upcoming events and other useful information to members listed in our e-notification database. If you wish to include any of the above personnel and others on this list, please provide their email addresses in the spaces below.

_____	_____
_____	_____

# Full-time employees	_____	Directory Classification	_____
# Part-time	_____		
Total # ft + 1/2 # pt	_____	Sponsoring Business <i>(if applicable)</i>	_____

Expectations in joining	_____
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Areas of Interest <i>Check all that apply</i>	<input type="checkbox"/> Networking	<input type="checkbox"/> Attending Events	<input type="checkbox"/> Hosting/Sponsoring Events
	<input type="checkbox"/> Group Insurance	<input type="checkbox"/> Discount Programs	<input type="checkbox"/> Committees/Volunteering
	<input type="checkbox"/> Advertising/Marketing Opportunities	<input type="checkbox"/> Raising Community Profile	

Do not write in this section. For office use only.

Annual Membership Dues	\$ _____	Ontario Chamber Fee	\$10.00
Tax details:		Administration Fee	\$45.00
Method of Payment	<input type="checkbox"/> Visa	Applicable taxes	_____
Card #	_____	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Cheque
		Expiry	____/____/____

Total Amount Due	\$ _____
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Application processed and approved on:

____/____/____
 MO DAY YEAR

Applicant Signature _____ Chamber Rep Signature _____