

MEMBERSHIP APPLICATION

BUSINESS NAME:			
ADDRESS:		CITY/PROVINCE:	
PHONE:		FAX:	
CELL:		EMAIL ADDRESS:	
CONTACT NAME:		CONTACT POSITION:	

- Applicant does not wish to have active participation, online presence, Active Directory Listings.
- Applicant does not want to receive Chamber communications via email. Emails will be used to update on Chamber Business, Community events, Government policies. Occurs monthly.

BUSINESS DIRECTORY CATEGORY: (Check all that apply)

- | | | | | | |
|--|--------------------------------------|---|--|---|--------------------------------------|
| <input type="checkbox"/> Accommodations | <input type="checkbox"/> Attractions | <input type="checkbox"/> Automotive | <input type="checkbox"/> Cakes/Candy/Catering | <input type="checkbox"/> Camps/Trailer Park | <input type="checkbox"/> Club |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Contractor | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Financial | <input type="checkbox"/> Funeral | <input type="checkbox"/> Government |
| <input type="checkbox"/> Healthcare/Beauty | <input type="checkbox"/> Individual | <input type="checkbox"/> Insurance | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Media | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Retail | <input type="checkbox"/> Sports/Leisure | <input type="checkbox"/> Other – Specify _____ | | |

Membership Fees:		****We do not collect or remit HST
<input type="checkbox"/> 1-5 EMPLOYEES	\$125	ATTACH BUSINESS CARD HERE
<input type="checkbox"/> 6-10 EMPLOYEES	\$175	
<input type="checkbox"/> 11-25 EMPLOYEES	\$225	
<input type="checkbox"/> 26-50 EMPLOYEES	\$250	
<input type="checkbox"/> 50+ EMPLOYEES	\$350	
<input type="checkbox"/> INDIVIDUAL (NOT A BUSINESS CATEGORY)	\$125	
<input type="checkbox"/> NON-PROFIT/SERVICES CLUBS	\$75	

- M2M: I am willing to provide incentives or discounts to other Chamber Members.**
- ❖ Do you have a product or service you would like us to promote within our Member-2-Member (M2M) program? Please reach out to see how Chamber members can help support member businesses.

Membership fees include your online presence, a description, and pictures (if provided) of your business, a link to your website (if applicable), and all your event advertising or promotional needs. Please email documents to dunnvillecoc@rogers.com

Signature: _____ Date: _____

Directions: Return this form with payment via email to dunnvillecoc@rogers.com or mail physical form to 231 Chestnut Street, Dunnville, Ontario, N1A 2H2. Etransfers are accepted to dunnvillecoc@rogers.com. Feel free to include logo files, PDF's or other business documentation you would like members to have access to.

Receipt Required Rec'd by: _____

<p>Method of Payment:</p> <p><input type="checkbox"/> Cash (appt req'd)</p> <p><input type="checkbox"/> Etransfer</p> <p><input type="checkbox"/> Cheque</p> <p>Cheque # _____</p>
