



Membership Application Form

1. Contact Information			
Business Name _____			
Contact Name _____			
Address _____			
City _____	Province _____	Postal Code _____	
Phone Number _____	Fax Number _____	Cell Number _____	
Email Address _____			
Website _____			

2. Business Information	
Business Description	
Business Categories (up to 3 only)	
#1	_____
#2	_____
#3	_____

3. Payment Information (Please complete section a and b)				
a. Membership Fees (check one)		b. Payment Method (check one)		
<input type="radio"/> 1-5 employees	\$150	<input type="radio"/> Cash	<input type="radio"/> Cheque	<input type="radio"/> Credit Card
<input type="radio"/> 6-10 employees	\$175	Credit Card Options		
<input type="radio"/> 11-25 employees	\$225	<input type="radio"/> Visa	<input type="radio"/> Master Card	<input type="radio"/> American Express
<input type="radio"/> 26-50 employees	\$300	Card Number:		
<input type="radio"/> 50 + employees	\$350	Expiry Date:		
Subtotal	\$	Card Holder Name:		
13% HST (127600989)	\$			
TOTAL	\$	Cheque payable to "The Greater Innisfil Chamber of Commerce"		

For Office Use Only