



## Membership Application Form

### 1. Contact Information

<b>Business Name</b> _____			
<b>Contact Name</b> _____			
<b>Address</b> _____			
<b>City</b> _____	<b>Province</b> _____	<b>Postal Code</b> _____	_____
<b>Phone Number</b> _____	<b>Fax Number</b> _____	<b>Cell Number</b> _____	_____
<b>Email Address</b> _____			
<b>Website</b> _____			

### 2. Business Information

<b>Business Description</b>
<b>Business Categories (up to 3 only)</b>
#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	<b>Credit Card Options</b>		
<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	<b>Card Number:</b>		
<input type="radio"/> 50 + employees	\$350	<b>Expiry Date:</b>		
<b>Subtotal</b>	\$	<b>Card Holder Name:</b>		
<b>5% GST (127600989)</b>	\$			
<b>TOTAL</b>	\$	<b>Cheque payable to "The Greater Innisfil Chamber of Commerce"</b>		

**For Office Use Only**

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