



2016/2017 Amherstburg Chamber of Commerce Membership Registration Form

Membership is valid from October 1, 2016 through to September 30, 2017

In order to serve you better please complete this form to ensure your business is properly identified.

Contact name: _____ **Date:** _____

Business name: _____

Address: _____

City/Town: _____ **Postal code:** _____

Phone: _____ **Cell:** _____

Fax: _____ **Website:** _____

Email: _____

Which of the following best describes your business? Please check only one.

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Fitness | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Beauty/Spa | <input type="checkbox"/> Food | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Other (please specify) |

Year your business joined the Chamber: _____ **Number of employees:** _____

Number of employees	Membership fee	The Amherstburg Chamber of Commerce accepts cheques, Visa or MasterCard. Please make cheques payable to the Amherstburg Chamber of Commerce. If you have any questions, contact Monica Bunde, General Manager at 519-736-2001 or email amherstburgchamber@gmail.com.
1 – 5	\$152.55 + HST = \$172.38	
6 – 15	\$190.69 + HST = \$215.48	
16+	\$305.10 + HST = \$356.06	
Non-profit/Associate member	\$113.00 + HST = \$127.69	

Signature

Date

By signing above, I/we hereby make application for membership in the Amherstburg Chamber of Commerce (ACOC). If the Board of Directors accepts your application, you agree to pay in advance the annual fees for the period of 12 months, and agree to be bound by the by-laws of the ACOC. The membership fee is non-refundable. By completing the application form, you hereby provide consent to receive electronic communication from the ACOC.

Thank you for your application.