



MEMBERSHIP APPLICATION

Company Name: _____

Company Contact: _____ Position: _____

Email Address: _____

P.O. Box: _____ Street Address: _____ Town: _____

Province/State: _____ Country: _____ Postal Code: _____

Telephone No: _____ Cell No: _____ Facsimile: _____

Type of Business: _____ # of Employees _____

Description of products and/or service: _____

Please list name of additional companies if owner of more than one:

Permission granted to be added to the Chamber Email and Postal Mailing

List Permission granted to be included on the Online Membership Directory

Membership Fee: \$200.00 plus 15% HST = \$ 230.00

Payment Method:

- Cheque(Payable to Placentia Chamber of Commerce)
 - E-mail Money Transfer to: info@placentiachamber.ca
 - Invoice
 - Credit Card: Visa Master Card American Express
- # _____ Expiry Date: ____/____ CVV: _____

Signature: _____ Date: _____