

WHITCHURCH-STOUFFVILLE CHAMBER OF COMMERCE

**6176 Main Street, P.O. Box # 1500
Stouffville, Ontario L4A 8A4
BUS: (905) 642-4227 FAX: (905) 642-8966**

MEMBERSHIP APPLICATION

COMPANY NAME: _____

Contact Name: _____ Title: _____

Street Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Mailing Address (if different): _____

E-Mail: FOR CHAMBER USE ONLY PUBLISH ON WEBSITE AND IN DIRECTORY

Website: _____

Description of Business: _____

Number of Employees in your Company: _____

My expectations upon joining the Chamber are: _____

I would be willing to serve on the following committees:

- Membership
- Business Awards
- Newsletter
- AGM
- Networking Breakfasts, After Hours, Luncheon, Speakers

ANNUAL DUES ARE PAYABLE ON ANNIVERSARY DATE OF JOINING.

<u>Number in Company</u>	<u>Dues</u>	<u>GST</u>	<u>Sub-Total</u>	<u>Admin Fees</u>	<u>Total</u>
1 - 2 Persons	\$140.00	\$ 7.00	\$147.00	+ \$35.00	\$182.00
3 - 10 Persons	182.38	9.12	191.50	35.00	226.50
11 - 25 Persons	243.18	12.16	255.34	35.00	290.34
26 - 50 Persons	303.99	15.20	319.19	35.00	354.19
51 -100 Persons	364.50	18.23	382.73	35.00	417.73
101 & Over	438.03	21.90	459.95	35.00	494.95

Make Cheques Payable to: **Whitchurch-Stouffville Chamber of Commerce** () Cheque Enclosed
You may also pay by Visa, MasterCard, or Amex. Please provide your card number along with expiry date on this line _____ Expiry _____

I / We agree to the annual dues as established by the Chamber.

Signature: _____ Date: _____

Mission Statement

The object of the Whitchurch-Stouffville Chamber of Commerce shall be to promote and improve trade and commerce and the economic, civic and social welfare of the district served by this organization.