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.

Number in Company	Dues	HST	Sub-Total	Admin Fees	Total
1 - 2 Persons	$140.00	$18.20	$158.20	+ $35.00	$193.20
3 – 10 Persons	182.38	23.71	206.09	35.00	241.09
11 - 25 Persons	243.18	31.61	274.79	35.00	309.79
26 – 50 Persons	303.99	39.52	343.51	35.00	378.51
51 –100 Persons	364.50	47.39	411.89	35.00	446.89
101 & Over	438.03	56.94	494.97	35.00	529.97

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.