



Quinte West Chamber of Commerce Application for Membership

97 Front Street, Trenton, Ontario K8V 4N6

phone 613.392.7635 fax 613.392.8400 email info@quintewestchamber.on.ca

www.quintewestchamber.on.ca

Company Name: _____

Contact Name: _____

Street Address: _____ City: _____ Province: _____ Postal Code: _____

Mailing Address (if different): _____ City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Web site: _____ Employees: # of full time _____ # of part-time _____

Directory and Website Category: _____ Year business established _____

Describe product or service: _____

Type of Corporation: Public Private Subsidiary Franchise Not for Profit Direct Sales

What are your interests regarding the Chamber beyond general support of its activities?

- | | | |
|---|---|--|
| <input type="checkbox"/> Directory Listings (web/print) | <input type="checkbox"/> Website | <input type="checkbox"/> Committee Participation |
| <input type="checkbox"/> VISA & M/C Discounts | <input type="checkbox"/> Document Certification | <input type="checkbox"/> Networking Events |
| <input type="checkbox"/> To Support the Community | <input type="checkbox"/> Group Insurance | <input type="checkbox"/> ON/Canadian Chamber updates |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Access to Information | <input type="checkbox"/> Training Seminars |
| <input type="checkbox"/> Member to Member Discounts | <input type="checkbox"/> Fuel Discounts | <input type="checkbox"/> Discounted Advertising |

Applicant's Signature: _____ Date: _____

I agree to abide by the by-laws that govern this organization and allow the chamber to use the information provided in a printed and electronic business directory and on the chamber website. Copies of the by-laws available upon request.

MEMBERSHIP DUES ARE DEDUCTIBLE, FOR INCOME TAX PURPOSES, AS A BUSINESS EXPENSE.

Membership includes \$10.00 Registration fee for the Ontario Chamber of Commerce

For purposes of determining your membership dues – 2 part-time employees equals 1 employee

<u># of Employees</u>	<u>Cost</u>
1-4	\$175.00 + HST
5-10	\$190.00 + HST
11-25	\$210.00 + HST
26-50	\$230.00 + HST
51-100	\$290.00 + HST
101-200	\$350.00 + HST
201-500	\$450.00 + HST
Individual/Retiree	\$100.00 + HST

Annual Investment:	\$
HST @ 13% (108138066)	\$
Total:	\$

Method of Payment: Cheque Cash Invoice Visa MC Amex

Credit Card Number: _____ Expiry: _____

Card Holder's Signature: _____ Date: _____

I authorize the use of my credit card as indicated above.