

## **Membership Application**

Company Name:						
	~Internal Only					
_ City:		Province:	Postal Code:			
Phone #:	Mobile:		Fax #:			
Email: Publish		Internal Emails:				
www:		~~				
No. of employees: Year Business establis	hed: Type of I	Business:				
Description of Business:						
Contact Name(s):						
✓ Method of Payment: Cash Cheque:	Visa:MasterCard: Credit	Card #	Exp:/CVV:			
Enclosed is my payment in the amount of \$	co	overing dues for one year begin	ning(MM/DD/YY)			
/We agree to support the aims and objectives of th nterests of this area:	e Port Colborne Wainfleet Cha	mber of Commerce, to promot	e the commercial, civic, industrial and agricultural			
Signature:	Date:					
NTERNAL: The Board of Directors of the Port Colbo	ne Wainfleet Chamber of Com	nmerce accepts the above appli	cation for membership.			
Date approved: Pre	sident's Signature:					
The Board of Directors of the Port Colborne-Wainfl Date approved:		cepts the attached application	for Associate membership:			

Add an Associate Membership to you home chamber: Fort Erie, Grimsby, Lincoln, Niagara Falls, Niagara-on-the-Lake, NBOTAC (Thorold), West Lincoln.

Membership Fees are for a twelve-month period.  Fees are based on the average number of full	# of Full Time Employees	Base Membership Fee	New Member Rate including One-Time Admin Fee \$25.00 + Ontario Chamber of Commerce Fee \$10 + HST
time employees (including owners, managers, etc.) per firm. Please select the correct fee from the scale.	1-2	\$ 160.65	\$221.08
	3-5	\$176.40	\$238.88
	6-7	\$193.20	\$257.87
**Please note that with an Individual/Retired Membership, your name is listed under the "Individual" category and not by your Company name. No Voting Rights	8-10	\$210.00	\$276.85
	11-15	\$225.75	\$294.65
	16-20	\$252.00	\$324.31
	21-25	\$278.25	\$353.97
	26 +	\$336.00	\$419.23
	*8Individual/Retired	\$110.25	\$164.13
	Non-Profit	\$110.25	\$164.13
NCP Associate Rate		\$ 75.00 plus HST	

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