



APPLICATION FOR MEMBERSHIP

I hereby make application to the SEGBAY Chamber of Commerce and accept the present and future bylaws that govern this organization, and agree to pay the annual fee set in the schedule of fees for membership, or as modified from time to time by the Board of Directors.

Company Name: _____

Address: (Physical) _____

(Mailing) _____

Postal Code: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Company Representative: _____ Number of Employees: _____

A brief description of my business including services provided: _____

PLEASE CHECK IF YOU **DO NOT** WISH TO RECEIVE CHAMBER NEWS AND CORRESPONDENCE

Current Membership rates: Please check

Business	\$79 + HST Basic Business Benefit Opportunities Package	
	\$35 + HST each - Listing on Website (name, phone, fax, email and link to own website)	
	\$40 + HST each – Promotional package distributed from Chamber Information Kiosk	
	\$40 + HST each – Name and location on the Community Mapping System	
Social	\$69 + HST Basic Social Benefit Opportunities Package (social member must not own a business)	

AT TIME OF INVOICING, PLEASE MAKE CHEQUES OR E-TRANSFERS PAYABLE TO SEGBAY OR YOU CAN PAY WITH THE PAYPAL FEATURE ON OUR WEBSITE.

Note: Please include your business/address card for our website.

Signed: _____ Date: _____

SEGBAY Chamber of Commerce
 45 Lone Pine Road
 Port Severn, ON L0K 1S0
 Phone and Fax (705) 756-4863
www.segbay.ca