



Be Seen Be Heard Belong

Membership Application

Please return a signed copy of this form along with your payment.

Business Name: _____ **Contact:** _____
 _____ **Title:** _____
Address: _____ **Phone: 1 (_____)** _____
 _____ **Fax: 1 (_____)** _____
Town: _____ **Email:** _____
Province: _____ **Postal Code:** _____
 If you would like to receive Business Updates and our Newsletter
 please check off your preference for receiving (Fax or Email) above.
Toll Free: 1 (_____) _____ **Website: www.** _____
Facebook: _____ **Twitter:** _____ **Linked In:** _____

Business Type: _____ **# Employees:** _____
 _____ **Full Time:** _____ **Part Time:** _____
Year Established: _____

KEYWORD SEARCH

List up to 5 Keywords related to your business to be used for our community guide and website directory:

BUSINESS PROFILE

Information that will help us increase our knowledge to refer your business to potential customers or associates:

Description of Your Business Services: _____

Please Attach Brochure and/or Business Card

Membership Fee: TOTAL \$200.00 \$176.99 + HST (\$23.01)
 Payable to the Mount Forest District Chamber of Commerce

Method of Payment: Cash _____ Cheque _____ Monthly Payment with Chamber Insurance Plan _____

Applicant Signature: _____ **Date:** _____