

2016 MEMBERSHIP PROFILE

IF THIS IS A RENEWAL PLEASE CHECK BOX AND ENTER YOUR NAME ONLY

For Office Use Only

Date Rec'd _____

Method of Payment _____

*Name of Business _____

*Business Representative _____

Title _____

*Address _____

*City _____

*Province _____

*Postal Code _____

*Phone _____

Fax _____

**E-Mail _____

* is necessary for our records.

** is necessary if you wish to receive your free chamber

E- Newsletter to stay informed

Web Site Address _____

Chamber events can be found on the website at www.scugogchamber.ca

I would like to help & participate on the following Committees or Events.

Santa Claus Parade Board Member Annual Best Ball for Business Golf Tournament

I would like to offer a Member-to-Member Special Discount for: (membership cards will be presented)

Special Discount (please provide details) _____

Business Category Heading (One main heading)

Accommodations Agriculture Associations & Organizations Environmental Financial Food
 Health Insurance Museum Newspaper/Magazine Real Estate Recreation Retail Service

Description : (60 - 100 word description of your business) OR Other (please specify) _____

(Need more room, please write on the back.)

*Year Business Established _____

*Number of Employees _____

Hours of Operation _____



2016 MEMBERSHIP FEE \$ 170.00 *
WE ACCEPT PAYMENT BY VISA & M/C FOR YOUR CONVIENIENCE !

*Includes annual Chamber of Commerce membership & All Benefits

-DUE UPON RECEIPT-

This completed form must accompany membership payment if you have any changes
(non- refundable)

Make cheque payable to:

Scugog Chamber of Commerce

237 Queen Street, P.O. Box 1282

Port Perry, Ontario L9L 1A0

Phone 905-985-4971 Fax 905-985-7698

www.scugogchamber.ca | info@scugogchamber.ca

We accept payment by VISA or M/C (please circle one)

Name On Card _____

Authorizing Signature _____

Visa Card No _____

Expiry date _____