

MEMBERSHIP APPLICATION FORM

By completing and submitting the following application for membership in the Upper Ottawa Valley Chamber of Commerce, and upon acceptance by the Board of Directors, the member acknowledges they are aware of the rules and regulations regarding Chamber membership, and agree to abide by them. The business also agrees to have an appointed representative of the business attend the general membership meetings throughout the year.

Business Name: _____

Address: _____

City: _____

Province: _____ **Postal Code:** _____

Phone: _____ **Fax:** _____

E-Mail: _____

Web Site: _____

Representative: _____

Position: _____

How long has your business been in existence?: _____

Business Type (Yellow Pages Category Listing): _____

Number of Full-Time Equivalent Employees: _____ (Note: 3 part time = 1 FTE)

Company Profile (briefly and clearly describe your business, what services and/or products you provide.)

Did someone refer you to the Chamber? If yes, who? _____

Signature: _____ **Date:** _____

I authorize _____ I do not authorize _____
to have my company information listed on the Chamber of Commerce web site. It is understood that the information listed on the web site is purely for information and not to be used for solicitation.

Periodically the Chamber receives information from other Chambers or businesses in the area, that they would like passed on to our members. As we do respect our member's privacy, we would like our members to let us know whether they are willing to receive periodic information by email, other than the Chamber Chatter (our monthly newsletter).

- _____ Yes, I would like to receive these mailings.
_____ No, I would not like to receive these mailings.

For office use only:

Date approved: _____ **Payment received:** _____

Receipt Number: _____