



Application/Business Information Form

Please print or type. Print on back or add new page if needed.

Name of Business: _____

Name of Owner: _____ Main Contact (if different): _____

Street Address: _____

Town: _____ Postal Code: _____ Today's Date: _____

Telephone No.: _____ Secondary No: _____

Fax No: _____ Main Contact Email: _____

Other Emails (to also receive Chamber news): _____

Invoicing Email (if different): _____

Online

Website: _____ Facebook Page: _____

Twitter: _____ Instagram: _____

Voting

Our membership has the opportunity to vote on Chamber matters through the year (occasionally) and at our annual general meeting. Please identify one or two people qualified to vote on behalf of your business – maximum two (2) votes per business.

1. _____ 2. _____

<u>Type of Business:</u>	Retail	Industrial	Service	Professional	Nonprofit
(please circle one)	Other	_____			

of Full-Time Employees (20+ hrs/wk): _____ # of Part-Time Employees (19- hrs/wk): _____

To determine # of employees (membership level), two PT employees will equal a FT employee.

Did you know? Your Chamber of Commerce membership dues are deductible for income tax purposes as a business expense. Ontario and Canadian Chambers of Commerce dues are included in the total.

Are you interested in offering a **Member2Member Discount**? Yes ___ No ___ I need more info ___



Year Business Started: _____ Today's Date _____

Reason for Joining the Chamber: _____

Where did you hear about the Chamber? _____

Your Business Profile: As a member, you receive a free online listing. Add your business profile here or email it to info@smithsfallschamber.ca Consider adding details about your history, interesting facts... For instance, what is your business's motto, mandate, vision statement, or goal? What influenced you to go into this business? One product/service that you would like the article to highlight is... What community groups, events or special projects have you sponsored in the past? And why? (This may be completed at a later date, but please forward it as soon as possible.)

I, (Owner) _____, give the Smiths Falls & District Chamber of Commerce authorization to place my business website and email address on the Chamber website. Please add the designated email addresses to the distribution list.

Date: _____ Signature: _____

**Thank you for joining the Smiths Falls & District Chamber of Commerce.
We look forward to working together to strengthen business in the region.**

Please follow us on Twitter: <https://twitter.com/sfchambers>

Please like us on Facebook: <https://www.facebook.com/SmithsFallsChambers/>

Please follow us on Instagram: <https://www.instagram.com/smithsfallschamber/>

For Office Use:

- | | | | |
|--|--|--|---|
| Mailing List <input type="checkbox"/> | Website <input type="checkbox"/> | Certificate <input type="checkbox"/> | Member2Member Card <input type="checkbox"/> |
| Member List <input type="checkbox"/> | Facebook page liked <input type="checkbox"/> | Facebook Announcement <input type="checkbox"/> | Newsletter Announcement <input type="checkbox"/> |
| Website Profile <input type="checkbox"/> | M2M Offer Recorded <input type="checkbox"/> | M2M Offer on Website <input type="checkbox"/> | Member Benefit Links emailed <input type="checkbox"/> |