

Membership Application

a) Business Information	
Name of Business:	
Name of Owner:	
Year Opened:	
Address:	
Municipality:	
Postal Code:	
b) Contact Information *used to receive news/messages from the Chamber via phone/email	
Name of Contact:	
Position:	
Phone Number:	
Other Phone Number:	
Email Address:	
Other Email Address:	
c) Billing Information *used for annual membership fees as well as any other invoicing	
Name of Contact:	
Position:	
Phone Number:	
Email Address:	
Number of Full-Time Employees (20+ hrs/wk):	
Number of Part-Time Employees (19- hrs/wk):	
Pay OCC Fee Through Another Chamber:	

Businesses that are members of the Smiths Falls and District Chamber of Commerce will occasionally have the opportunity to vote on Chamber matters, specifically at our annual general meeting. Please identify up to two representatives qualified to vote on behalf of your business.

First Representative:	
Second Representative:	

By signing below, you are submitting a formal membership application to the Smiths Falls and District Chamber of Commerce and agree to the terms outlined in this application (only applicants that are authorized to represent a legitimate business will be considered).

Signature: _____

Date: _____