

COMPANY/ORGANIZATION NAME: _____

ADDRESS: _____

CITY/TOWN: _____ POSTAL CODE: _____

WORK PHONE: _____ FAX: _____ CELL: _____

EMAIL: _____ WEB SITE: _____

SOCIAL MEDIA INFORMATION IF APPLICABLE: _____

NAME OF BUSINESS OWNER: _____

OUTLINE OF BUSINESS /SERVICE: _____

Number of Employees: _____ Year Established: _____

Applicable Total Membership Fee: _____ (HST) _____ Total _____ HST # R125760058

*Associate Membership Fee: _____ (HST) _____ Total _____

Includes Niagara Regional Chamber's NEW Associate Membership. A fee of \$75 for each additional Chamber (Niagara On The Lake \$125) is applicable. Associate Membership does have certain conditions.

Please check the Chambers you wish to join as an Associate Member:

- Grimsby
 West Lincoln
 Niagara Falls
 Welland-Pelham
 Fort Erie
 Port Colborne-Wainfleet
 Niagara On The Lake

CREDIT CARD NUMBER: _____ **EXPIRY DATE:** _____

Please check the following if interested in further information:

- Chamber's Group Insurance Health and Life
 UPS
 Esso
 Discount Rates for Visa/Mastercard

- Sponsorship /Advertising Opportunities

- Subscribe to email communications:

As a part of my Chamber Membership I wish to receive notices, communications, offers, promotions and other information that may be of interest to my business. You can unsubscribe at any time. Please contact us for more information.

Date: _____ Applicants Signature: _____

Please complete application form, and forward it to the Lincoln Chamber of Commerce with your payment to the address noted above. Please include a business card. Acceptance of membership constitutes permission of the Lincoln Chamber of Commerce to promote, advertise and list information pertaining to your business or organization on our website, in our newsletter and any other Chamber initiated publication.