



Application for Membership

Please fill out the Application Form, sign and return it with your payment to:

Stratford & District Chamber of Commerce
55 Lorne Ave. E., Unit 1, Stratford, Ontario N5A 6S4

Business Name: _____

Physical Address: _____

City/Town: _____ Postal Code: _____

Mailing Address: _____
(leave blank if same as above)

Phone(s): _____ Fax: _____

E-mail: _____ Web Site: _____

Month and Year Company was Established: _____

Contact Name: _____ Title: _____

Type of Business: _____

A brief description for our website: _____

(Please feel free to provide additional information on the back)

No. of Employees Per Calendar Year: _____ Full Time: _____ Part Time: _____
*Note: 2 part time employees equal 1 full time employee

Please Note: The Stratford & District Chamber of Commerce will collect personal information in order to administer Chamber membership, to facilitate registration at Chamber events, for distribution of the Chamber's e-newsletter, Ontario and Canadian Chamber of Commerce updates and for any other purpose identified by the Chamber at or before the time we request your personal information.

I have read and understand and I give consent to make the above personal information available.

Authorized Signature: _____ Date: _____

Reason(s) for joining: (Please check all that apply)

- Chamber of Commerce Group Insurance
- Preferred rates for Chamber Events
- Discounted Merchant Visa/MasterCard Rates
- Business After Five Events
- Affordable Advertising programs
- Esso Business Card Program
- Certification of Export Documents
- Advocacy
- Business Training Sessions
- Listing on Chamber Website
- Chamber eLearning Centre
- Access to Membership Mailing Labels
- Brochure & Business Card Display in the Chamber office

Will you be applying for the Merchant Visa/MasterCard rates? Yes No

Company referred by: _____ Referral Contact Name: _____

Would you be willing to join a committee? (Please check all that apply)

- Business Excellence Awards Gala
- Golf Tournament
- Small Business Week
- Governmental Affairs

Note: (Please complete payment information on the back of this form)

Membership Fee \$ _____
(Please check the Membership Fee Schedule for your designation)

Total Payment \$ _____

Method of Payment: Cheque Enclosed



VISA Card # _____ Expiry Date ____/____



MasterCard # _____ Expiry Date ____/____

Card Holders Name _____

Note: Your payment and application are approved by the Chamber board, which meets on the fourth Wednesday of every month. Please allow two weeks after your approval to receive your New Member package. Membership fees are non-refundable.

Note: Please include with your membership application your most recent information and/or promotional brochures, logo and business profile for our website so we may promote your business.

Thank you to our corporate partners:

