



**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 or email full description to info@stratforddistrictchamber.com)

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. We never sell contact lists to anyone for any reason.

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/Networking
- Affordable Marketing/branding opportunities
- Esso Business Card Program
- Certification of Export Documents
- Advocacy to Municipal, Provincial and Federal government
- Business Training Sessions
- Listing on Chamber Website
- Chamber eLearning Centre
- Other cost saving benefits
- Brochure & Business Card Display in the Chamber office
- Member to Member Advantage Program

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

Company referred by: \_\_\_\_\_ Referral Contact Name: \_\_\_\_\_

Are you interested in joining a committee or volunteering your time? (Please check all that apply)

- Business Excellence Awards Gala
- Annual Chamber Golf Classic
- Training & Other Events
- Government & Civic Affairs / Advocacy
- Chamber Membership & Recruitment
- Marketing

**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 \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_



MasterCard # \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

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 us two weeks to process your membership. 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.

Optional: There is also room in our online directory to list these Social Media Accounts:

Twitter:(@username)\_\_\_\_\_

Facebook URL: (http://)\_\_\_\_\_

Google + URL: (http://)\_\_\_\_\_

Thank you to our corporate partners:



*In Business  
For Business  
SINCE 1860*