



Cornwall and Area Chamber of Commerce

Company Name: _____

Operating Name (if not the same as Co. Name): _____

Street Address: _____

Mailing Address (if different from Street Address): _____

City: _____

Postal Code: _____

Phone: _____

Fax: _____

Website: _____

Email: _____

Contact Name: _____

Position: _____

What is your primary reason for joining the Chamber? _____

Form of Business: Partnership: ___ Non-Profit/Charitable: ___ Franchise: ___
Sole Proprietor: ___ Independent Distributor: ___ Corporation: ___

If your company is a franchise, branch or subsidiary operation, please specify head office location, managers name, telephone numbers etc.: _____

Vendor's Permit No.: _____ G.S.T. No.: _____

Number of Employees: (includes owners, managers, full-time, part-time employees)

Full-Time: ___ Part-Time: ___ Seasonal: ___

Company Start Date or Number of Years in Business: _____

Description (List products and services provided): _____

Have you ever been a member of the Chamber? Yes ___ When? _____ No ___

Do you belong to any other associations pertaining to your business? Yes: ___ (if yes, please provide the names of the associations.) _____ No: ___

***Please note:** The Chamber may wish to obtain information, be it credit or otherwise, as part of the application process and approval. All information shall be handled and secured as outlined in the Privacy Legislation and Policies. Membership is subject to approval by the Board of Directors. Completing an application is a pre-requisite for membership.

All candidates admitted to membership shall undertake, in writing if required by the Board, to be governed by the by-laws, rules and regulations of the Chamber.

I am applying for Cornwall Chamber of Commerce membership based on the information provided above. With respect to this application, renewal or any changes made to my membership, I authorize you to collect, use and disclose to the Board of Directors information as permitted by law, such as credit information, for the purpose necessary to assess the application.

Signature of Applicant

Date