



MEMBERSHIP APPLICATION FORM

By submitting this application for membership in the Upper Ottawa Valley Chamber of Commerce, and upon acceptance by the Board of Directors, you acknowledge being aware of the rules and regulations regarding Chamber membership and agree to abide by them.

Business Name:			
Representative:		Position:	
Address:			
City:		Province:	
Phone:		Fax:	
Email:			
Website			
Do you authorize the Chamber to promote your business on the Chamber website? Only name, address, phone, fax, website and company information will be included:			
How long has your business been in existence?			
Business Type (Yellow Pages listing):			
Number of full-time employees (3 part-time = 1 full-time):			
Company Profile (Briefly and clearly describe your business, and the services/products you provide:			
Did someone refer you to the Chamber? If yes, who?			
If you wish to offer a discount to Chamber members, please indicate the details in the space provided:			

Signature
Date

For Internal Use Only

Date Approved:	
Payment Received:	
Receipt Number:	