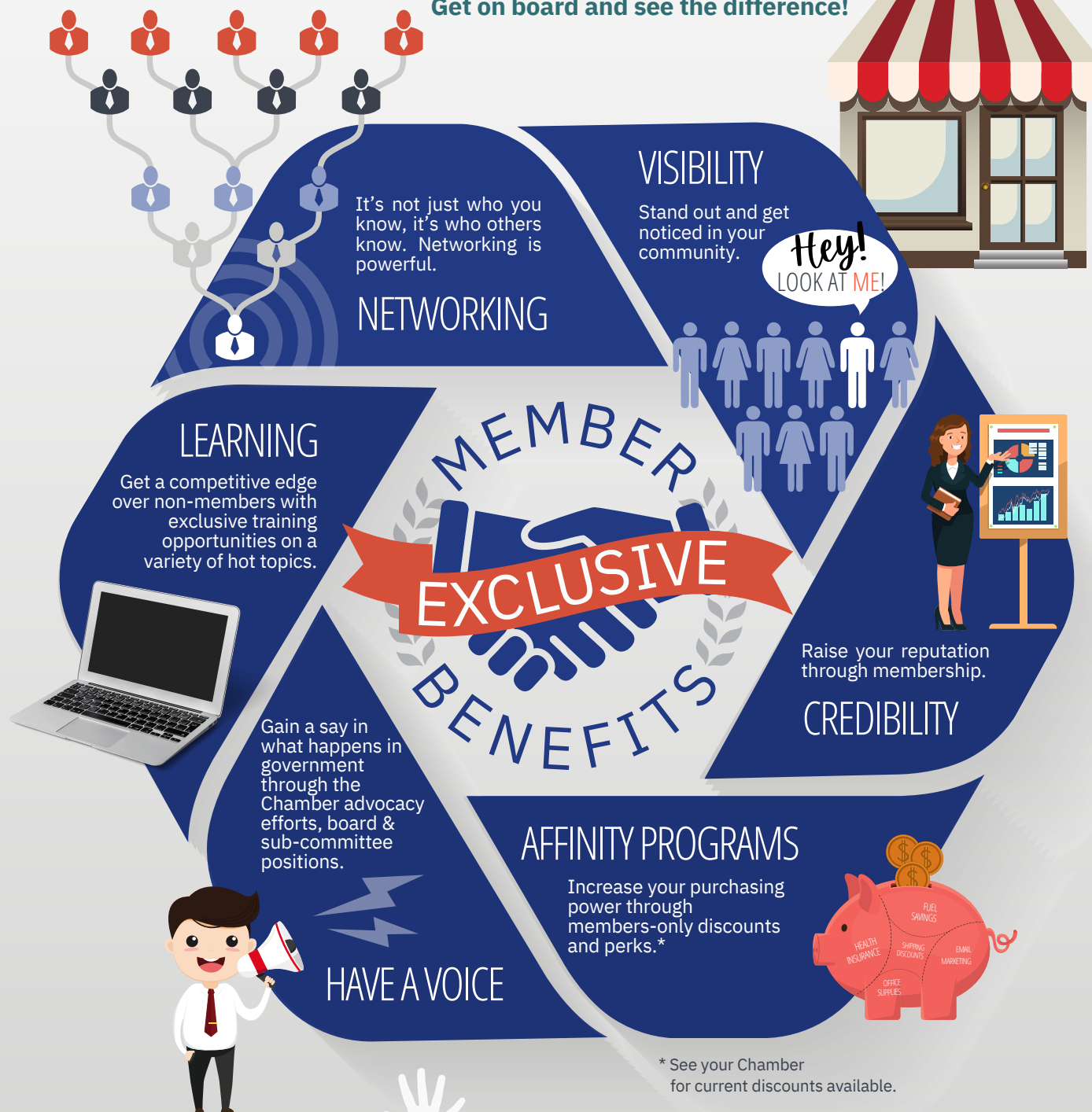


WHY JOIN YOUR CHAMBER?

Associations are stronger than ever. By joining, you get members-only perks, exclusive advertising and networking opportunities, and a whole lot of exposure for yourself and your organization.

Get on board and see the difference!



@SimcoeChamber

simcoechamber.on.ca

JOIN US

Contact the Simcoe & District Chamber of Commerce to learn more about **benefits of membership today!**

MEMBERSHIP FORM

SIMCOE & DISTRICT
CHAMBER OF COMMERCE



MEMBERSHIP FEE SCHEDULE

<input type="checkbox"/> Owner	\$195.00	<input type="checkbox"/> Not-for-Profit	\$150.00
<input type="checkbox"/> 2 to 10	\$275.00	<input type="checkbox"/> Individual/Retired	\$75.00
<input type="checkbox"/> 11 to 25	\$299.00	<input type="checkbox"/> New Entrepreneur*	\$150.00
<input type="checkbox"/> 26 to 50	\$350.00	<input type="checkbox"/> Student	\$25.00
<input type="checkbox"/> 51 to 75	\$399.00		
<input type="checkbox"/> 76 to 100	\$475.00		
<input type="checkbox"/> 101 to 500	\$950.00		
<input type="checkbox"/> 501 & over	\$1,200.00		

All memberships subject a
\$15.00 OCC & CCC Affiliate fee and HST
2 part time employees equal 1 full time employee
*New Entrepreneur: First 2 years of Business

BUSINESS INFORMATION

Business Name : _____

Address : _____

Phone Number : _____

Contact Name : _____

E-mail : _____

Phone Number : _____ **Date Business Established :** _____

Website : _____ **# of Employees : Full time** **Part time**

Products & Services : _____

Social Media : Facebook Instagram Twitter

**Please note that your business will be included in our online directory. If there is any information you wish to be displayed differently from that above, please let us know.

I understand that in joining this Chamber, my business information will be used for mail/email of Chamber information, events and newsletters, it will be posted on the Chamber website, including email and website links if available, and my business will be identified as a member on our website directory.

Applicants / Account Holder's Name : _____

Signature Of Author

Visa _____
 Mastercard _____

Name on Card _____ Credit Card # _____ Expiry Date _____

QUESTIONS? CALL 519-426-5867

Remit cheque to: 10 Argyle Street Simcoe ON N3Y 1V5

Online @ <https://simcoechamber.on.ca/shop> | E-transfer: accounting@simcoechamber.on.ca