



Membership Form

PLEASE PRINT CLEARLY

Contact Name: _____

Business Name: _____

Business Address: _____

Phone Number: _____

Fax Number: _____

E-Mail : _____

Website : _____

Membership Dues \$135.00 (+HST) Paid _____ **Date:** _____

Method of Payment: _____

Businesses that are partnerships or incorporated please indicate name of delegate:

Delegate Name _____

I agree to be bound by the Angus and Area Chambers by-laws.

Signature: _____ **Print Name:** _____

Date: _____

(payments can be made by sending a cheque payable to Angus & Area Chamber of Commerce and mailed to the address below or by PAYPAL to info@anguschamber.com)

Angus & Area Chamber of Commerce
P.O. Box 2003 Angus ON L0M 1B0
(705) 424-4878
info@anguschamber.com