



Member Registration Form 2021

GENERAL INFORMATION – (PLEASE COMPLETE AND RETURN TO CHAMBER)

Company/Business Name: _____
Owner's Name (first/last): _____
Business Email: _____
Business Phone Number: _____
Mobile Phone Number: _____ Fax: _____

CONTACT PERSON (IF DIFFERENT)

First Name: _____ Last Name: _____
Email: _____ Phone Number: _____

COMPANY OR BUSINESS ADDRESS

Street: _____
City: _____ Province: _____
Country: Canada Postal Code: _____ P.O. Box: _____

BILLING/MAILING ADDRESS (IF DIFFERENT)

Street: _____
City: _____ Province: _____
Country: Canada Postal Code: _____ P.O. Box: _____

PLEASE ANSWER THE QUESTIONS BELOW

Do you have a website? ☐ No ☐ Yes Link _____

Do you have a Facebook page? ☐ No ☐ Yes Link _____

Are you interested in offering a Member-to-Member Discount (M2M)?

☐ Yes ☐ No ☐ I would like more info

How did you hear about us? _____

Reason for joining/renewing? _____

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YOUR BUSINESS CATEGORY SELECTION

IMPORTANT! Select which category you want your business to appear in the business directory.

<input type="checkbox"/> Advertising, Media & Digital Services Graphic & Web Design, Marketing & Communication, Media, Photography & Videography, Printing, Publishing and Sign	<input type="checkbox"/> Food & Beverage Catering, Convenience Store, Grocery, Restaurant
<input type="checkbox"/> Agriculture & Forestry Farming, Forestry, Garden Centre	<input type="checkbox"/> Health & Wellness Audiology, Beauty, Spa & Massage Therapy, Mental Health Services, Dental, Fitness, Hospital & Clinic, Natural Health Store, Nursing Homes, Oculist & Vision Care, Personal Growth, Pharmacy, Social Services
<input type="checkbox"/> Artisan	<input type="checkbox"/> Manufacturing, Exports & Industrial
<input type="checkbox"/> Arts, Culture & Tourism Art & Culture, Bar, Hotels & Motels, Museum	<input type="checkbox"/> Public Sector Education, Government Services, Municipality, Public Utilities
<input type="checkbox"/> Associations & Non-Profit Associations, Charity, Non-Profit, Places of Worship	<input type="checkbox"/> Professional Services Architects, Business Consulting, Employment Agencies & Services, Funeral Services, Home Inspection & Appraisals, Human Resources, Legal, Real Estate, Moving & Storage
<input type="checkbox"/> Construction & Development Construction, Home Renovation & Restoration, Electrical, Plumbing & Heating, Well Drilling	<input type="checkbox"/> Retail Retail, Furniture & Appliances, Electronics, Clothing & Fashion, Specialty Retailers, Renovation and Home Supplies
<input type="checkbox"/> Energy & Environment Energy, Environment, Natural Gas, Water Treatment and Supply	<input type="checkbox"/> Services Apartment Rental Agencies, Cleaning, Day Care Centre, Florist, Hair & Beauty Salon, Barber, Language Services, Locksmith, Pet & Veterinary, Rental Services, Security Services, Upholstering, Wedding & Event Planning
<input type="checkbox"/> Entertainment & Recreation Fishing, Camping & Outdoors, Sports Club, Theatre	<input type="checkbox"/> Technology Cable, Television and Electronics, Alarm System Installation and Monitoring
<input type="checkbox"/> Financial Services Accounting & Bookkeeping, Banking, Financial Planning, Insurance, Mortgage Brokers	<input type="checkbox"/> Transportation, Automotive & Marine Auto Parts & Repairs, Auto Body Service, Automotive Dealer Services, Bus Line, Recreational, Service Stations & Car Wash, Towing Services, Trucking & Freight, Trucking Parts & Repair

MEMBERSHIP FEES

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Number of full-time employees: _____ Number of part-time employees: _____

**Including owner(s)*

Number of Employees	Annual Fees	OCC & Admin Fees	HST 13%	Total
Non-Profit Organisation	\$95.00	\$30.00	\$16.25	\$141.25
Home-Based Business	\$130.00	\$30.00	\$20.80	\$180.80
2 to 10 employees	\$185.00	\$30.00	\$27.95	\$242.95
11 to 25 employees	\$240.00	\$30.00	\$35.10	\$305.10
26 to 50 employees	\$295.00	\$30.00	\$42.25	\$367.25
51 to 200 employees	\$450.00	\$30.00	\$62.40	\$542.40
201+ employees	\$560.00	\$30.00	\$76.70	\$666.70

PAYMENT DETAILS

We accept cash, cheque, and credit card payments.

Card Type: ☐ Visa ☐ Mastercard

Name on Card: _____ Card Number: _____

Expiry Date: _____ CVC Number: _____

PLEASE READ AND AGREE TO OUR TERMS AND CONDITIONS

By signing this form: I hereby make an application to the Kapuskasing & District Chamber of Commerce for membership and agree to pay the annual fees set out in the schedule of fees for the current membership year, as indicated above. I understand that membership dues are non-refundable. I also understand that my membership is received by the Chamber.

I understand that this application and payment does not guarantee membership. As a member of the Kapuskasing and District Chamber of Commerce, I recognize that membership is a privilege. I shall commit to conduct all business and professional activities in reputable manner to reflect honourably upon the business community.

I understand by committing to a yearly membership, I consent to receive electronic correspondence from the Kapuskasing & District Chamber of Commerce. I understand we can cancel correspondence by submitting a written request at any time throughout the membership year.

Signature: _____ Date: _____