



## Membership Application / Membership Renewal Form - Harrow & Colchester South Chamber of Commerce

Are you a current member of the Harr					
Business Name or Individual:					
Business Address:					
Address Line 2:				Deetal / Zie Code	
	State / Province / Region:			Postal / ZIP Code:	
Country:					
Business Description:					
Business Contact Person:					
Business Email Address:					
Business Phone Number:					
Business Fax Number:					
During and Market Address.					
Business Website Address:					
Business Twitter Address:  Business Facebook Address:					
Business Google+ Address:					
Basiness doogle / Address.					
Select which categories your busines	ss belongs in				
Accommodation	O Consumer Service	<ul><li>Dining</li></ul>		O Health & Wellness	
O Home/Commercial Services	<ul> <li>Manufacturing</li> </ul>	O Not for Prof	it Organization	O Professional Services	
O Recreation/Entertainment	O Retail				
Other:					
Membership Type:					
(Membership is annually renewable.)					
Business: 1 – 11 employees $\circ$ \$75.00	Business : 12 + employees ○ \$125.00		Non-Profit Organization   \$75.00		
Individual: ○ \$25.00	Retired Individual: ○ \$25.00		Amount Enclosed:		
Your Name:			Please return com	pleted form with payment to:	
	Name (Please Print)	Name (Please Print)		Please return completed form with payment to: Harrow & Colchester South Chamber of Commerce P.O. Box 888, Harrow, Ontario NOR 1GO, Canada	
Authorized Signature:				PRINT	