



**MAXVILLE & DISTRICT
CHAMBER OF COMMERCE**

APPLICATION FOR MEMBERSHIP

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____ (C) _____

EMAIL: _____

I hereby apply to be admitted as a member of the **Maxville & District Chamber of Commerce** and undertake to be governed by the by-laws and objectives of that organization. I understand the annual membership fee is \$50.00 for businesses and \$25.00 for individual associate status. Check here if already a member: ____

Interested in sitting on a Committee: ____ **My fee is enclosed** _____

Signature _____ **Date** _____

OFFICIAL RECEIPT

Received from _____

\$50.00 / \$25.00 for membership in the Maxville & District Chamber of Commerce for the year 2013

Signed by an official Agent _____

Maxville & District Chamber of Commerce
PO Box 279, Maxville, ON, K0C 1T0

E-mail: kellie@maxvillechamber.ca **Website:** www.maxvillechamber.ca