



Placentia Area Chamber of Commerce

MEMBERSHIP APPLICATION

Company Information

Company Name: _____

Company Contact: _____

Position: _____ Email Address: _____

P.O. Box: _____ Street Address: _____ City: _____

Province/State: _____ Country: _____ Postal Code: _____

Telephone No: _____ Cell No: _____ Facsimile: _____

Type of Business: _____

Description of products and/or service: _____

MEMBERSHIP FORM

I, _____ of _____
Name Address

*Wish to become a member of the
Placentia Area Chamber of Commerce
and*

*Hereby apply to be a member thereof, subject to the provisions of the
Memorandum and Articles of the Placentia Area Chamber of Commerce*

Dated at _____ this _____ day of _____ 20 ____

Signature: _____ PACC Signature _____

Membership Fee: \$100.00 plus 13% HST = \$ 113.00

Payment Method:

- Cheque (Payable to Placentia Area Chamber of Commerce)
- Credit Card: Visa Master Card American Express

_____ Expiry Date: _____ / _____
Registration will be confirmed upon processing of your Cheque or Credit Card

Confirmation Number: _____ Date: _____ P. O. Number: _____