



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: \$200.00 plus 15% HST = \$ 230.00

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:** _____