



# 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: \_\_\_\_\_