



MEMBERSHIP APPLICATION FORM

Thunder Bay
Chamber
of Commerce

ORGANIZATION	
STREET ADDRESS	
	POSTAL CODE
MAILING ADDRESS	POSTAL CODE
TELEPHONE	FAX
EMAIL	
WEBSITE	
MAIN CONTACT	POSITION

NUMBER OF EMPLOYEES	
ANNUAL DUES	\$
ADMINISTRATION FEE	\$
PRE-AUTHORIZED PAYMENT FEE	\$
GST (R108108291)	\$
TOTAL	\$

Payment Options: Visa or Mastercard

Card Number: _____

Expiry Date: _____

Card Holder Name: _____

Signature: _____

DESCRIPTION OF BUSINESS	
BUSINESS DIRECTORY CLASSIFICATION	
ADDITIONAL VOTING REPS. (IF REQUIRED)	
DATE	SIGNATURE X

COMMITTEE INTEREST	
REASONS FOR JOINING	

FOR OFFICE USE ONLY			
CLASS CODE	<input type="checkbox"/>	PLAQUE	YES <input type="checkbox"/> NO <input type="checkbox"/>
MEMBERSHIP #	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	MEMBER CARD	<input type="checkbox"/> <input type="checkbox"/>
RENEWAL MONTH	<input type="checkbox"/> <input type="checkbox"/>	DECAL TB	<input type="checkbox"/> <input type="checkbox"/>
INSURANCE PLAN	<input type="checkbox"/>		

APPROVED FOR MEMBERSHIP BY THE BOARD OF DIRECTORS OF THE THUNDER BAY CHAMBER OF COMMERCE,

DATE _____

SIGNATURE _____

REFERRED BY: _____