

Name of Business \_\_\_\_\_ Year Established \_\_\_\_\_  
(as you wish it to appear in the directory)

Physical Address \_\_\_\_\_ Home Based Business? Yes  No   
(note: addresses entered on this line **WILL** be published)

Mailing Address \_\_\_\_\_  
(note: addresses entered on this line **WILL NOT** appear in the directory. ie: home based businesses, P.O Box numbers)

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ # of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Do you wish to be listed in the Business Directory? Yes  No

Do you wish to volunteer with the Chamber? Yes  No  If so, what are you interested in? \_\_\_\_\_

Contact person \_\_\_\_\_ Title \_\_\_\_\_

Email address \_\_\_\_\_ Website address \_\_\_\_\_

I acknowledge that by providing the above email address, I am giving the Milton Chamber of Commerce express consent to disseminate Commercial Electronic Messages regarding the Milton Chamber of Commerce. Please check the box to confirm.

Preferred method of communication (please check one): Email  Fax

New Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Visa or MasterCard # \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ HST #107703464

As a member of the Milton Chamber of Commerce, you are entitled to one (1) **BOLD** listing in our Business Directory. Please indicate below the category that best suits your business according to the index of our Business Directory \_\_\_\_\_

Please provide us with a brief description of your business for publication (25 - 50 words.) The Chamber reserves the right to edit information as necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you like more information on Chamber Benefits?** *Please indicate your choice(s) below.*

- Networking Opportunities
- Home/Auto Insurance Plan
- Group Insurance Plan
- Esso Discount Program
- First Data Merchant Services
- Other \_\_\_\_\_

**Annual Investment Schedule**

| # of Employees * | Membership | OCC Contribution | HST     | Total    |
|------------------|------------|------------------|---------|----------|
| Non-Profit Rate  | \$135.00   | \$10.00          | \$18.85 | \$163.85 |
| 1-5              | \$195.00   | \$10.00          | \$26.65 | \$231.65 |
| 6-10             | \$270.00   | \$10.00          | \$36.40 | \$316.40 |
| 11-25            | \$330.00   | \$10.00          | \$44.20 | \$384.20 |
| 26-49            | \$430.00   | \$10.00          | \$57.20 | \$497.20 |
| 50-99            | \$580.00   | \$10.00          | \$76.70 | \$666.70 |
| 100+             | \$655.00   | \$10.00          | \$86.45 | \$751.45 |

\* NOTE: # of Employees - 2 PART-TIME employees represent 1 FULL-TIME employee.