



**APPLICATION FOR MEMBERSHIP**

**BUSINESS NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**WEB SITE ADDRESS:** \_\_\_\_\_

**TYPE OF BUSINESS:** \_\_\_\_\_

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*Your \$60 membership fee includes a \$10 membership fee to the Ontario Chamber of Commerce. If you are a member of another chamber of commerce who are Ontario Chamber members you may deduct \$10 from your Athens Chamber membership fee*

**I am a member of another Chamber of Commerce: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Name of other Chamber: \_\_\_\_\_**

**I will be willing to assist in Chamber activities: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**I would like my business posted on the Chamber website: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**Membership Fee is \$ 60.00. Please make cheques payable to:**

**Athens District Chamber of Commerce  
P.O. Box 543  
Athens, Ontario  
K0E 1B0**