

ST. THOMAS & DISTRICT CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

Business Name: _____

Physical Address: _____

City/Town: _____ Postal Code: _____

Mailing Address: _____

Same as above OR: _____

Billing Address: _____

Same as above OR: _____

Phone(s) & Pager: _____

Toll Free: _____

Fax #: _____

General E-mail Address: _____

Website/URL: _____

Date Business Began: _____ Business Type: **M R S F A N G**

Chamber Buyer's Guide Category(s): _____

Description of Products and/or Services: _____

I/We hereby apply for membership in the St. Thomas and District Chamber of Commerce and agree to pay the initial administration fee detailed below plus the annual membership fee, as set by the Board of Directors, until such time as my/our written resignation is filed in accordance with the Bylaws of the organization. I/We understand that membership in the Chamber is conditional on the approval of this application by the Board of Directors and/or Management of the Chamber.

I/We authorize the St. Thomas & District Chamber of Commerce to share the above information provided by me with other Members and such 3rd party individuals who may have an interest in our organization.

Authorized Signature: _____ Date: _____

Structure: **Corporate** **Sole Proprietor** **Partnership** **NPO** **Government** **Associate/Retired**

Personnel: # Full-time _____ # Part-time _____ (Full-time equivalent #/40)

All applications must include \$40 initiation fee, (plus 5.20 HST). The Chamber will issue an invoice for the first year's membership fee upon receipt of this application.

Chamber Rep's
Initials _____

Chamber's
Mail Code _____

Source _____

**115 - 300 South Edgeware Road,
St. Thomas, ON N5P 4L1**

**Call 519-631-1981 Fax: 519-631-0466
E-Mail: mail@stthomaschamber.on.ca**

ST. THOMAS & DISTRICT CHAMBER OF COMMERCE

MEMBER REPRESENTATIVE/CONTACT DATA

Member/Business Name: _____

Contact Name: **Mr. Ms.** _____

Position/Title: _____

Mailing Address: Same as Member-business

Phone 1: _____

Toll-Free: _____

Phone 2: _____

Expectation/Committee Interestss:

Fax: _____

Personal
E-mail: _____

Communication Preference: (choose as many as you wish)

Mail Fax E-mail Phone

Chamber Relationship

Main Contact Main Dues Contact Main Event Contact Main Advertising Contact

Contact Name: **Mr. Ms.** _____

Position/Title: _____

Mailing Address: Same as Member-business

Phone 1: _____

Toll-Free: _____

Phone 2: _____

Expectation/Committee Interestss:

Fax: _____

Personal
E-mail: _____

Communication Preference: (choose as many as you wish)

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ST. THOMAS & DISTRICT CHAMBER OF COMMERCE

NEW MEMBER FEE CALCULATION 2012

Administration Fee: \$40.00+HST (\$5.20) _____

Annual Membership Fee Rate: _____

(all local personnel full-time, contractors, or FTE)

(# Reps)			(# Reps)		
1 – 3	1	\$ 255.00	101 – 150	5	\$ 735.00
4 – 6	2	\$ 315.00	151 – 200	6	\$ 850.00
7 – 15	3	\$ 370.00	201 – 250	7	\$ 985.00
16 – 25	3	\$ 430.00	251 – 400	8	\$ 1,155.00
26 – 50	4	\$ 505.00	401 – 750	12	\$ 1,520.00
51 – 75	4	\$ 560.00	751 – 1000	12	\$ 2,015.00
76 – 100	5	\$ 630.00	> 1000	15	\$ 2,270.00

Not-for-profit/Registered Charity:
\$ 170.00 (3 Reps)

Retired/Associate:
\$ 90.00 (1 Rep)

Additional Contacts: _____ X \$ 35.00 _____

Additional Listings: _____ X \$ 55.00 _____

Sub-total _____

HST (13% of sub-total above): _____

Sub-total Membership: _____

Building Fund Donation: \$ 25 / \$ 50 / \$ 100 _____

TOTAL MEMBERSHIP: _____

Less deposit/payment: _____

TOTAL DUE: _____

Membership registration will be activated as soon as payment is received.

Payment Preference: Visa MasterCard Amex

Card # _____ Exp ____ / ____ CVD# _____

Cardholder signature: _____

House Account – **invoice required** (terms net 30 days / 2% per month)

I / we agree balance to be paid on or before _____

(Interac payments may be made at the Chamber office.)

ST. THOMAS & DISTRICT CHAMBER OF COMMERCE

CODE OF CONDUCT

As a Corporate/Individual Member of the St. Thomas & District Chamber of Commerce, I/we recognize that membership is a privilege and that a corporate membership brings with it the responsibility to assure that corporate Members also understand and fulfil the Membership undertaking.

Accordingly, I/we shall undertake to:

1. Conduct business and professional activities in a reputable manner so as to reflect honourably upon the St. Thomas and District Business Community.
2. Respect the reputation, profile and status of the St. Thomas & District Chamber of Commerce, and represent the Chamber accordingly.
3. Understand, support and promote the Missions & Goals of the St. Thomas & District Chamber of Commerce
4. Participate in the functions and activities of the St. Thomas & District Chamber of Commerce and where possible lend my/our business and Professional expertise.
5. Play a role in the promotion, development and enhancement of business growth and activities within the communities of central Elgin County.

I/We also understand that failure to comply with the professional and personal obligations of the St. Thomas & District Chamber of Commerce, as outlined above and as defined in Article 3, Sections 9 - 17 and Article 4, Sections 18 - 20, of the Bylaws of the St. Thomas & District Chamber of Commerce, can result in termination of my/our Membership.

Authorized Signature _____ **Date** _____

Company Name
(please print) _____

This document is an integral part of the Membership Application form and must be completed and returned with the same, to the address shown below.