



MEMBERSHIP APPLICATION

Business/Organization:	
Address 1 (e.g. 1000 Mill St.):	
Address 2 (e.g. PO Box 9999):	
City:	
Province:	
Postal code:	
Phone:	
Website:	

Owner/Principal:

Last name (e.g. Smith):	
First name (e.g. W. John):	
First - informal (e.g. Jack):	
Job title:	
e-Mail:	

Co-owner/Co-manager (if applicable):

Last name (e.g. Jones):	
First name (e.g. Elizabeth B.):	
First - informal (e.g. Liz):	
Job title:	
e-Mail:	

<p>Business description: (50 words or less for inclusion in Chamber Business Directory, if you wish)</p>	
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Annual Membership Fee \$50

Please make cheques payable to The Mississippi Mills Chamber of Commerce.

Kindly return your payment and your application form either

by mail to

Mississippi Mills Chamber of Commerce

PO Box 1244

Almonte ON K0A 1A0

or by hand to

the Chamber's desk in the Information Centre

in Almonte Old Town Hall (at base of tower)

14 Bridge Street, Almonte

Privacy Policy: By signing this application form, you agree to allow Mississippi Mills Chamber of Commerce to include your member information on the Chamber Web site **unless you explicitly request** that some or all of this information be excluded (kindly identify such information on previous page, please).

Signature: _____

Date: _____