



# Aurora Chamber of Commerce

6-14845 Yonge Street, Suite 321  
Aurora, Ontario L4G 6H8

(905) 727-7262  
Fax (905) 841-6217  
www.aurorachamber.on.ca

## Membership Application

### To the Aurora Chamber of Commerce:

I hereby apply for membership in the Aurora Chamber of Commerce, to be renewed each year on the anniversary date of my application. Any resignation must be made in writing.

**THE FOLLOWING INFORMATION ALLOWS THE CHAMBER TO PROMOTE YOUR BUSINESS. PLEASE FILL OUT AS COMPLETELY AS POSSIBLE. Some of this information will be visible on Chamber Membership Directories (i.e. Business name, contact information).**

**Privacy:** The information provided in this application is not information which is considered "personal information" under the Personal Information Protection and Electronic Documents Act of Canada. Notwithstanding, we do wish to advise that the information provided may be posted on our website, members' directory, or any other similar membership listing we may publish in order to assist members and non-members to contact your business.

### Contact Information

Date of Application: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Full-time Employees: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit / Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Same or as follows:

\*Physical Address: \_\_\_\_\_ Unit / Suite: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Company Website: \_\_\_\_\_ Company Email: \_\_\_\_\_

Company Telephone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Business Directory Listing (category): \_\_\_\_\_

Name of Main Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ \*Main representative only will receive membership and event invoices.

**The Aurora Chamber of Commerce communicates with its members primarily through email and our website. Please indicate representatives that will receive electronic information (primarily event and networking information).**

1. Additional Employee: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

2. Additional Employee: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

3. Additional Employee: \_\_\_\_\_ Email: \_\_\_\_\_ Title: \_\_\_\_\_

If more space is required, please use a separate sheet



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## Membership Fees

The Aurora Chamber of Commerce offers affordable rates for annual membership. The fee schedule is on the total number of persons in the company (i.e. owners, partners, employees, contract employees). Your membership fee is subject to an annual \$10.00 contribution to Ontario Chamber of Commerce (OCC) and New Member Initiation Fee (one-time only).

## Rate Chart

| No. of Persons in the Company | Annual Membership Fee | No. Of Voting Members | No. of Persons in the Company | Annual Membership Fee | No. Of Voting Members |
|-------------------------------|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| 1 – 2                         | 195.00                | 1                     | 51 – 100                      | 550.00                | 3                     |
| 3 – 10                        | 250.00                | 2                     | 101 – 250                     | 680.00                | 4                     |
| 11 – 25                       | 325.00                | 2                     | 251 – 500                     | 790.00                | 4                     |
| 26 – 50                       | 420.00                | 3                     | 501+                          | 905.00                | 5                     |

Business Reg. Number HST #123455412RT

|  |                 |
|--|-----------------|
| Membership Fee   | \$ _____        |
| Annual Ontario Chamber of Commerce (OCC) Affiliation Fee | \$10.00         |
| New Member Initiation Fee (one-time only)                | \$50.00         |
| 13% HST  | \$ _____        |
| <b>Total Due</b>   | <b>\$ _____</b> |

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for joining:**  Networking  Advertising & Promotion  Home Show Exhibitor   
 Street Festival Vendor  Group Health & Dental Insurance  TD Merchant Services  Support  
the Business Community  Learning & Educational Opportunities  Advocacy  Volunteer  
Opportunities  Other (please specify) \_\_\_\_\_

Office Use Only: mb grp online log+prof email wltr card receipt dir plaque nwsl m2m

|   |   |
|---|---|
| <b>Membership Payment Details</b>                 | <b>Payment Type</b> Cheque: <input type="checkbox"/> Visa: <input type="checkbox"/> MC: <input type="checkbox"/> AX: <input type="checkbox"/> |
| <b>Date Processed</b> _____                       |   |
| Credit Card # _____                               |   |
| Expiry Date _____ Name on Card _____              |   |
| Cheque Number _____ CC Approval _____ Total _____ |   |