



Bancroft & District Chamber of Commerce
 Box 539, 12 Flint Ave., Bancroft, ON K0L 1C0
 Tel. (613) 332-1513 Fax. (613) 332-2119

FOR OFFICE USE ONLY			
Rep			
Date			
Plaque	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Invoice #			
Email Campaign	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Web Site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Acc Broc	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Marketing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
DB #			

2010 Associate Membership Agreement
 (Please Complete Both Sides)

NEW RENEWAL

Business Name: _____

Type of Business: _____

Business Directory Category: _____

Location Address: _____ Municipality: _____

Mailing Address: _____

Telephone: _____ Publish? Yes No

Toll Free: _____ Publish? Yes No

Fax: _____ Publish? Yes No

Do we have to phone first before faxing? Yes No

Email: _____

Website: _____

Owner's Name: _____ Contact Name: _____

Extra Categories: _____

Chamber of Commerce Affinity Programs

Membership Fee (Full Year)	\$100.00
Ontario C of C Fee	\$0.00
Sub Total	\$100.00
5% GST	\$5.00
Total Membership Fee	\$105.00

Yes No I would like to be contacted regarding the TD Merchant Services Program

CHQ CASH DEBIT VISA M/C Total Pd: _____

Yes No I would like to be contacted regarding the Group Insurance Benefit Program

Authorization: _____ Date: _____

Yes No I would like to be contacted regarding CAA Membership

Please Print Name: _____
 Payment Plan Requested

Yes No I would like to be contacted regarding the Esso Program

Membership is automatically renewed on January 1st of each year. Notification in writing to the General Manager is required for Membership cancellation.

Please contact me for advertising opportunities in the following publications:

Destination Guide Business Directory/ 1 free listing included Summer Sun Website

www.bancroftdistrict.com
kcrawford@commerce.bancroft.on.ca

Staff Authorization: _____ Date: _____

Please provide details about your business, so we can accurately promote the services you offer.



What services do you offer?

What brands do you carry (if any)?

Do you have any events that you would like promoted? This listing is free of charge in our publications with Upcoming Events sections.

Is there anything else you would like us to know about your business?

Accommodation Members

YES NO

		Are you wheelchair accessible?	
		Are you seasonal?	
		When are you open?	
		Do you allow pets?	<hr/>
		Do you have fees or restrictions regarding pets?	<hr/>
		Is there a restaurant on site?	
		Do you require reservations?	
		Do you include a continental breakfast?	
		Are you fully non-smoking?	
		B&B - Is there a separate entrance?	

Please describe the type of accommodation you have available? For example: 2 cabins, 10 motel rooms, etc.

NOTE: Membership dues are a business expense and can be used as a deduction for income tax purposes.