



ORO-MEDONTE
CHAMBER OF COMMERCE

148 Line 7 South * Oro-Medonte, ON * L0L 2E0 * info@oromedontecc.com * 705-487-7337

Membership Application

Business Name: _____

Contact Person _____ **Job Title:** _____

Business Address: _____

Postal Code _____ **Phone #** _____ **Cell#** _____

Email _____

Website _____

Type of Business/Service (Key search words): _____

Number of Years in Business _____ **Number of Employees** _____

How did you hear about our Chamber?: _____

Would you be willing to volunteer on a committee to organize events or work on special projects?
Special Events _____ **Fundraising** _____ **Marketing** _____ **Policy/Issues** _____ **Advocacy** _____

Would you like to receive email correspondence from the Chamber? Yes ___ No ___
(if no, you will not receive invitations to events or other important Chamber news)

Member 2 Member Discount Program....Interested in participating? _____
If yes, what discount would you like to offer our other members? _____

Is your business on Facebook? _____ **Is your Business on Twitter?** _____

Other Social media? _____

Does your business already have an account with your local ShopCity.com? _____

Membership Option: Basic New Business Membership+ **Corporate Sponsor Options:** Major/Gala AGM Lunch & Learn

Payment Type: Cheque Credit Card (Online) Credit Card (Phone/in Person) Cash

Your membership with the Oro-Medonte Chamber also includes membership with both the Canadian and Ontario Chambers of Commerce.

Signature: _____

