

2021 MEMBERSHIP APPLICATION

To be displayed in the Business Directory

Additional Contact Information (if different from Directory listing)

Business Name:	Legal Name:
Address:	Address:
Address:	Address:
City, Province, Postal Code:	City, Province, Postal Code:
Phone 1:	Phone 1:
Phone 2:	Phone 2:
Fax:	Fax:
Email :	Email:
Website:	
Principal Contact:	Additional Contact:
Category for Business Directory:	

In addition to periodic Chamber business communication, the KDCC also distributes a weekly Member to Member Communique sent to our members informing them about Chamber events, member to member promotions and special offers as well as other community news.

☐ Select here **if you do not wish to receive** our Communique or use the "unsubscribe" button on the Communique upon receipt.

Additional emails to receive Chamber communications:
Member to Member Discount offered: <input type="checkbox"/> YES <input type="checkbox"/> NO Details of Offer:

MEMBERSHIP AGREEMENT

I have completed the above form in full for membership with the Kenora & District Chamber of Commerce. Membership to the Chamber continues for twelve (12) consecutive months from January 01 – December 31 and shall be automatically renewed on an annual basis unless revoked in writing with thirty (30) days advance notice or otherwise terminated by the Chamber arising from any breach of this undertaking, the Chamber By-laws or the Board of Trade Act by myself or the company.

I also understand that membership is a privilege and will make every effort to adhere to the Kenora & District Chamber of Commerce **Code of Conduct**.

As a member of the Kenora and District Chamber of Commerce (the Chamber) I will:

- Conduct business and professional activities in a reputable manner to reflect honorably in the Chamber and the business community.
- Understand, support and promote the mission and goals of the Chamber.
- Support the functions and activities of the Chamber and, where possible, lend by business and professional expertise.
- Play a role to promote, develop and enhance business growth in the region.

Personal Information:

From time to time the Chamber may receive and collect information of its members. To achieve the full benefits of membership available to its members, the Chamber may share the information collected by it with certain service providers. The collection and use of information will be for Chamber internal purposes only unless the Chamber has obtained the member's prior consent to its disclosure. Neither the Chamber nor its service providers will disclose personal information to third parties other than in compliance with applicable federal and provincial privacy laws. The undersigned consents to the use and disclosure of personal information for statistical or scholarly study or research purposes, which information will be used or disclosed in such a manner that will maintain its confidentiality.

Signature: _____

Date: _____

2021 MEMBERSHIP TYPE

ANNUAL MEMBERSHIP FEES

New Members joining after July 1st will pay pro-rated amount from 1st of month in which they join.

Number of Full-Time Employees	FEES*	HST	TOTAL	✓
0 employees (owner operator and home-based businesses)	151.00	19.63	170.63	
1 – 4 employees	195.00	25.35	220.35	
5 – 10 employees	250.00	32.50	282.50	
11 – 30 employees	409.50	53.24	462.74	
31 – 100 employees	607.50	78.98	686.48	
101 – 200 employees	800.00	104.00	904.00	
201+ employees	1020.00	132.60	1152.60	
Individual Members (senior / student / individual)	151.00	19.63	170.63	
Associate Business (government offices, associations and non-profit organizations)	195.00	25.35	220.35	
Additional Representatives / 2 nd Business (same owner) <i>Please identify primary business name:</i>	102.50	13.33	115.83	

TOTAL MEMBERSHIP FEE \$ _____

MEMBERSHIP IS BASED ON ONE (1) VOTE PER PAID MEMBERSHIP



* Please note that for every member, we are required to submit an assessment fee to the Ontario Chamber of Commerce (OCC) and to the Canadian Chamber of Commerce.

GET INVOLVED! KDCC is always looking for enthusiastic volunteers. For more information, call (807) 464-6130.

- | | | |
|--|---|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Membership Committee | <input type="checkbox"/> AGM & Business Awards Committee |
| <input type="checkbox"/> Home Show Committee | <input type="checkbox"/> Special Events Committee | <input type="checkbox"/> Education Committee |

PAYMENT INFORMATION

Method of payment:

1. ☐ **Cheque** (payment in full annually)
2. ☐ **Etransfer to manager@kenorachamber.com** (payment in full annually)
3. ☐ **Credit Card** (payment in full annually) ☐  ☐ 

Card #: _____ Expiry: _____

Name on Card: _____ Signature: _____

☐ **Credit Card Automatic Renewal Option:**

By checking this box, I hereby authorize the Kenora & District Chamber of Commerce to automatically renew my annual membership and to charge the renewal in the same manner as selected above. I understand and agree that I am responsible to notify the Chamber before the renewal date if (a) I do not wish to renew or (b) the details of my credit card or account information have changed. (e.g.: numbers or expiry date).

HST#R123262628

Kenora & District Chamber of Commerce

“Members Helping Members”

#bettertogether #yourkenorachamber #choosethechamber