

CLARENCE-ROCKLAND CHAMBER OF COMMERCE



REGISTRATION FORM

Please complete and mail or e-r

Company name : _____ # of employees : _____

First name : _____ Last name : _____ Mr.
Ms.

Title : _____ Date of birth (dd/mm/yy) : _____

Industry : _____ In business since : _____

Address : _____ P.O. Box : _____

City : _____ Province : _____ Postal code : _____

Telephone : _____ e-mail : _____

Facsimile : _____ Website : _____

Facebook page : _____ : _____

I prefer receiving information in french or in english :

* Your membership is valid for one year from the date the form is signed. Unless you notify us, the renewal will be sent to you automatically on an annual basis.

| Membership | | | | | |
|--|-----------------|--------|-----------|-----------|-------------------------------|
| # of employees ¹ | Members (votes) | Fee | + HST | Total | PayPal ⁷ (monthly) |
| Self-employed ^{2,3} or Associate membership ⁴ | 1 | \$ 150 | \$19,50 | \$ 169,50 | \$ 15,11 |
| Non-profit association | 1 | \$ 200 | \$ 26,00 | \$ 226,00 | \$ 20,15 |
| 1-14 | 1 | \$ 250 | \$ 32,50 | \$ 282,50 | \$ 25,19 |
| 15-39 | 2 | \$ 450 | \$ 58,50 | \$ 508,50 | \$ 45,34 |
| 40 + | 4 | \$ 850 | \$ 110,50 | \$ 960,50 | \$ 85,64 |
| Discount – new business (less than two years) ⁵ | | - 50 % | | | |
| Surcharge – compagny located outside ⁶ | | + 25 % | | | |
| --- Chamber membership fees are deductible as a business expense --- | | | | (Total) | (Total) |

¹ Total compagny employees including owner and management; 2 part-time employees count as 1.
² SOHO, multi-marketing, agent, consultant, government employee, teacher ...
³ Your name is listed under the « *Professionnal* » category in the Membership Directory, not by your company name.
⁴ Associate (additional) members of the same compagny will be published under the compagny name.
⁵ Compagny registration or incorporation date (include document)
⁶ The surcharge applies to businesses outside the Chamber of Commerce Clarence-Rockland included: Clarence-Rockland, Clarence-Creek, Wendover, Hammo Plantagenet west.
⁷ Monthly payment option available via PayPal.

BACK

WEB DESCRIPTION AND LOGO

Please attach and send a copy of your business logo as well as a short text, maximum 150 words, that describes your business in document format to the following; infor@ccclarencerockland.com. This information will be added to your member profile on the www.laccr.ca.

MEMBERSHIP CARD

Each member is automatically a privileged member after completing the registration form, and will receive a "Membership Card" have benefits from over businesses that are participating in this program, exclusive to members.

Under presentation of the Membership Card, would you like to offer a promotion to members Yes
 No

If yes, how much of a discount percentage or promotion would you like to apply to this program?

PAYMENT METHOD

Cheque

Cash

Credit (VISA or



MasterCard)

Please inform us of your payment within 15 days of the date of your signature.

Member signature _____

Referred by : _____ Date : _____