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Membership Application

PLEASE PRINT

To the President and Board of Directors:

I hereby make application for membership in the Georgina Chamber of Commerce. I agree to maintain my membership until resignation in writing has been accepted by the Directors as provided in the by-laws.

Company Name: _____ Date: _____

Doing Business As: _____

Mailing Address: _____ Unit/Suite #: _____
(Circle One)

City: _____ Province: _____ Postal Code: _____

Name: _____ Signature: _____

THE FOLLOWING INFORMATION ALLOWS THE CHAMBER TO PROMOTE YOUR BUSINESS. PLEASE FILL OUT AS COMPLETELY AS POSSIBLE. (This information will be visible on the website).

Physical Address: _____ Unit/Suite #: _____
(If different from above) Street Address (circle one)

City: _____ Province: _____ Postal Code: _____
(If different from above)

Company Telephone: (_____) _____ Company Fax: (_____) _____

Company Email: _____ Website: _____

Website Category Listing (2 options): 1) _____

2) _____

THE GEORGINA CHAMBER OF COMMERCE COMMUNICATES WITH ITS MEMBERS MAINLY THROUGH E-MAIL AND OUR WEBSITE. "WHAT'S GOING ON" EMAILS ARE SENT OUT WEEKLY SO IF YOU DO NOT RECEIVE THEM, PLEASE MAKE SURE YOUR EMAIL ON FILE IS UP-TO-DATE.

PAYMENT INFORMATION * ANNUAL MEMBERSHIP FEE: \$170.00 + HST

Payment By: Cheque _____ Visa _____ MasterCard _____ Payment Amount: \$ _____

Credit Card Number: _____ Expiry Date: _____

Cardholders Signature: _____

Georgina Chamber of Commerce Member Privacy Policy and Disclosure Authorization

The Georgina Chamber of commerce is committed to protecting your right to privacy. We require your company information in order to keep records and accurately represent the business community as per By-Law NO 1 clause 2.01.*

This chamber relies heavily on the use of internet and email for the distribution of information to our members and the public at large. (As per Bill C6 of the privacy act, we are implementing policies that will ensure we comply for your benefit and ours.

The Georgina Chamber of Commerce records and stores a database of information from its members in compliance with the act.

- i. All information gathered from a member must be consented to in writing and signed by the owner/manager of the said company along with appropriate waivers.
- ii. All information gathered from a member will be protected using locked cabinets in a secure or restricted area where files are stored. Computers will be password protected with virus and firewall protection.
- iii. Smoke, fire and security must be operational to protect files.
- iv. Member information that is available by email or the Chamber's web page will only be provided and made available if a signed authorization is on file as per clause 1.

*Georgina Chamber of Commerce By-laws.

Authorization to disclose Member information as per Georgina Chamber of Commerce Privacy Policy

I/We the undersigned member/company authorize and permit the Georgina Chamber of Commerce officers and directors to use member/company information for the use of the Georgina Chamber of Commerce to represent/communicate business/community interest as set out by the By-laws of the Georgina Chamber of Commerce.

In addition I have checked below additional authorization to:

- Display company/owner/manager phone numbers, fax, email/web page information on the Georgina Chamber of Commerce web page member information section.
- Allow the Georgina Chamber of Commerce to allow company/owner/manager to link with other mutual web pages in order to promote the Georgina Chamber of Commerce.
- Allow the Georgina Chamber of Commerce to send emails to same company/owner/manager that will inform, promote issues and announcements that concern the Georgina Chamber of Commerce to the company/owner/manager last provided email address, fax number, text messaging, etc.
- Allow the Georgina Chamber of Commerce to send promotional/informational/advertising to member's provided address.
- Allow to share company/owner/manager information to the public at the Georgina Chamber of Commerce discretion.

Company Name: _____

Owner/Manager: _____

Signature: _____

Signed this _____ day of _____, 20____

Please check here for our automatic annual renewal. For automatic renewals a valid credit card number should be supplied with your application. Should you decide not to renew, please provide 30 days' notice.