

Membership Application

Welland/Pelham Chamber of Commerce

32 East Main Street

Welland, ON L3B 3W3

Phone: (905)732-7515

Fax: (905)732-7175

Email: chamber@iaw.on.ca

Website: www.wellandpelhamchamber.com

Company Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Phone #: _____

Fax #: _____

Email: _____

Website: _____

No. of employees: _____

Type of Business: _____

Year Business established: _____

Contact Name: _____

I/We agree to support the aims and objectives of the Welland/Pelham Chamber of Commerce, to promote the commercial, civic, industrial and agricultural interests of this area.

Enclosed is my payment in the amount of \$_____ covering dues for one year beginning _____, 20____. **This amount reflects my full time staff, and includes a \$25.00 one time administrative fee.**

Signature: _____

The Board of Directors of the Welland/Pelham Chamber of Commerce accept the above application for membership.

Date approved: _____

President Signature: _____