

**PORT SYDNEY, UTTERSON & AREA
CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION**

Name of Business/Organization/Individual: _____

Address: _____

Town: _____

Postal Code: _____

Telephone: (office) _____ (cell) _____

Fax: _____

E-mail: _____

Website: _____

Owner: _____

Contact Person:
& Position _____ **Date:** _____

**Business
Category:** _____

(list of categories attached)

Preferred Method of Contact: (check one) _____ **E-mail** _____ **Fax** _____ **Mail**

Business Description: *(Maximum 200 characters)*