



MEMBERSHIP FORM

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Ontario Chamber of Commerce, Inc.
Post Office Box 115 Ontario, NY 14519-0100
<http://www.ontarionychamber.org>

Member Dues..... \$50.00

Please make checks payable to: Ontario Chamber of Commerce, Inc.

BUSINESS NAME: _____

NAME OF OWNER: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

(No. and Street)

(Post Office Box)

(City, State, Zip)

BUSINESS ADDRESS: _____

(No. and Street)

(Post Office Box)

(City, State, Zip)

HOME PHONE: _____

BUSINESS PHONE: _____

EMAIL ADDRESS: _____

WEBSITE ADDRESS: _____

FAX NUMBER: _____

*PERMISSION TO ADD TO ONLINE BUSINESS DIRECTORY (circle one) YES NO

* We depend on members to provide updated information as it occurs.

THANK YOU FOR YOUR SUPPORT!!