



MEMBERSHIP FORM

Note: Payments by credit card can be made at: www.bridgewaterchamber.com/become-a-member

DATE _____
DAY / MONTH / YEAR

COMPANY NAME _____

NAME (MAIN CONTACT) _____

TITLE _____

CATEGORY (BUSINESS TYPE) _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

PHONE _____ EXT _____

EMAIL _____

WEBSITE _____

Annual Membership Fees:

	# Employees	Dues	HST	Total
<input type="checkbox"/>	1	50.00	7.50	57.50
<input type="checkbox"/>	2 - 6	125.00	18.75	143.75
<input type="checkbox"/>	7 - 15	180.00	27.00	207.00
<input type="checkbox"/>	16 - 30	215.00	32.25	247.25
<input type="checkbox"/>	31 - 50	250.00	37.50	287.50
<input type="checkbox"/>	51 +	285.00	42.75	327.75

Method of payment: Cheque Other _____