



P.O. Box 998
Blind River, ON P0R 1B0
Email: chamber@blindriver.com

Application form for the Blind River & District Chamber of Commerce

1-9	Employees _____	95.00
10-24	Employees _____	145.00
25-49	Employees _____	225.00
50-99	Employees _____	300.00
100 +	Employees _____	425.00

Business Name: _____

Contact Person 1: _____

Contact Person 2: _____

Mailing Address: _____

Town/City: _____ Postal Code: _____

Bus. # : (705) _____ - _____ Fax #: (705) _____ - _____

Toll Free: _____ Website: www. _____

E-mail: _____

Category: 1. _____ 2. _____

Example: Business Services, Health, Financial Institution (Please check the website under membership for categories at [www. brchamber.ca](http://www.brchamber.ca))

Amount Paid: \$ _____ . 00

Please mail payment & form to: Blind River & District Chamber of Commerce
P.O. Box 998
Blind River, ON P0R 1B0