



# LINCOLN CHAMBER OF COMMERCE

4800 S. Service Rd.  
Beamsville, ON LOR 1B1  
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Web Site: [www.lincolnchamber.ca](http://www.lincolnchamber.ca)

COMPANY/ORGANIZATION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEB SITE ADDRESS: \_\_\_\_\_

NAME OF BUSINESS OWNER(S) \_\_\_\_\_

HOURS OF BUSINESS: \_\_\_\_\_

OUTLINE OF BUSINESS /SERVICE: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Year Established: \_\_\_\_\_

Applicable Membership Fee: \_\_\_\_\_ (GST) \_\_\_\_\_ Total \_\_\_\_\_

GST # R125760058

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

Company Representative(s) - (Refer to current Nominee Entitlement Scale on Fee Schedule enclosed)

1. \_\_\_\_\_  
Name/Title/Position

2. \_\_\_\_\_  
Name/Title/Position

3. \_\_\_\_\_  
Name/Title/Position

4. \_\_\_\_\_  
Name/Title/Position

Referred by: \_\_\_\_\_  
Name, Company, Title/Position

**I would be interested in:**

Working on a committee  
 Chamber's Group Insurance  
Health and Life

Advertising in the Business Directory

Date: \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

**Please complete application form, and forward it to the Lincoln Chamber of Commerce with your payment to the above address. Please include a business card.** Acceptance of membership constitutes permission of the Lincoln Chamber of Commerce to promote, advertise and list information pertaining to your business or organization in our Business Directory, web-site, newsletter and any other Chamber publication.