



**Rainy River and District Chamber of Commerce
Membership Registration
For Year 20__**

Name: _____

Business Name: _____

Address: _____

Phone: _____ **Fax:** _____

Cell Phone: _____ **Email:** _____

_____ **Yes, I am interested in becoming a Chamber Member with full voting privileges. (\$100.00 + \$10.00 total \$110)**

_____ **I prefer to be an Associate Member with no voting privileges. (\$50.00 + \$10.00 total \$60.00)**

_____ **I am undecided at this time but am interested in receiving future mailings.**

**Please return this form (with payment) to:
Rainy River & District Chamber of Commerce
Box 458
Rainy River, ON, P0W 1L0**

(you can drop it off at Wood's Quality Bakery or Westend Weekly)

Box 458
Rainy River, ON
P0W 1L0

Phone: 807-852-3978
Website: www.rainyriver.ca
E-mail: rrchamber@tbaytel.net