

MEMBERSHIP APPLICATION FORM

(PLEASE PRINT)

Company Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Is this the address you would like published in the directory? _____

What is your business category? _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

What / who prompted you to join us? _____

How do you expect to benefit from your membership? _____

Year Established: _____ # of Employees: F/T _____ P/T _____ Total #: _____

Name of CEO/President: _____

Name of Main Contact: _____

TELL US WHAT YOU NEED FROM YOUR MEMBERSHIP

WHAT ARE YOU MOST INTERESTED IN:

- | | | |
|--|--|--|
| <input type="checkbox"/> Social | <input type="checkbox"/> Networking | <input type="checkbox"/> Community Exposure |
| <input type="checkbox"/> Training/Education | <input type="checkbox"/> Group Insurance | <input type="checkbox"/> Visa MasterCard Discounts |
| <input type="checkbox"/> Fuel Discounts | <input type="checkbox"/> Government Relations | <input type="checkbox"/> Information |
| <input type="checkbox"/> Home & Auto Insurance | <input type="checkbox"/> Durham Business Times | <input type="checkbox"/> Other: _____ |

CAN YOU PARTICIPATE IN MEMBER TO MEMBER DISCOUNT OFFERS? YES NO

ARE YOU INTERESTED IN VOLUNTEERING? YES – Please contact me NO

IF YOU WISH TO VOLUNTEER, WHAT ARE YOUR INTERESTS?

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Networking | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Eco-Business Advisory Committee | <input type="checkbox"/> Business Excellence Awards | |
| <input type="checkbox"/> Ambassador Committee | <input type="checkbox"/> Business Links Golf Tournament | |

ARE YOU INTERESTED IN ADVERTISING? YES NO **SPONSORSHIP** YES NO

NOTE: Membership dues are pro-rated each year to reflect the months remaining. Please contact us at 905.686.0883 to determine your fee.

MEMBERSHIP RATES	
Employees	Cost
1-2	\$200
3-9	\$265
10-24	\$360
25-49	\$460
50-99	\$675
100-149	\$930
150-249	\$1085
250-349	\$1250
350-499	\$1290
500+	\$1655
NFP/Charity/Retired	\$115
Individuals	\$200

Fee \$ _____

Additional Category Listing @ \$50 \$ _____

Enhanced Listing* @ \$10 \$ _____

Enhanced Plus** @ \$25 \$ _____

OCC Fee \$ 10.00

One Time Administration Fee \$ 50.00

Subtotal \$ _____

HST @ 13% \$ _____

TOTAL \$ _____

HST Number: 106690639

* Logo and business bio
 ** Facebook / LinkedIn / Twitter

Signature: _____ Date: _____

Payment by: Cheque Cash Visa MasterCard

Cardholder's Name: _____ Signature: _____

Card Number: _____ Expiry: _____

RETURN TO:



3-144 Old Kingston Rd
 Ajax, ON L1T 2Z9
 Phone: 905.686.0883 Fax: 905.686.1057
 www.apboardoftrade.com

FOR OFFICE USE ONLY	
Date Received _____	Date to Board _____
Approved _____	Kit Assembled _____
Payment: (date / type / inv) _____	
Member Notified _____	(Y) (N)
C-Contact _____	Excel _____ IRM _____ Email _____ Kit _____