



Amherst & Area Chamber of Commerce

Inspiring Success!

APPLICATION FOR MEMBERSHIP

We / I hereby make application to be admitted as a member of the Amherst & Area Chamber of Commerce and agree to be governed by the by-laws and regulations of the organization.

Business/Individual Member Name: _____

Business Address:

_____ Postal Code: _____

Number of Employees: _____

Name of Contact Person: _____

Business Phone:() _____ Fax:() _____

Cell Phone:() _____

Email: _____

Signature: _____ Date: _____

Mail To:

Amherst & Area Chamber of Commerce
P.O. Box 283
Amherst, Nova Scotia
B4H 3Z4

Call the Chamber office at 667-8186 if you have any other questions.