



Ontario Small and Medium Business Coalition

Membership Application

We (I), the undersigned: An Individual (Proprietor)
 A Firm (Partner)
 A Corporation (Representative)

Hereby make an application for membership in the **Ontario Small and Medium Business Coalition**.

1. Name of Individual, Firm or Corporation:

2. Contact Information:

Mailing Address:

Telephone # of Company: _____

Website: _____

Please provide name of person authorized to represent your organization. By providing an email address you are granting the OSMBC express permission to email that address:

Representative Name: _____ Representative Phone #: _____

Representative Title: _____ Representative Email: _____

3. Description of Business:

4. Annual Membership Fees:

Payments should be emailed to memberfee@osmbc.org Subject line "New Member"

Membership fee: \$200.00

HST: \$26.00

TOTAL AMOUNT DUE: \$226.00 (HST Registration No.78705 5888
RT0001)

Submitted by:

Signature: _____ Name: _____

Title: _____ Date: _____

Please submit this form to info@osmbc.org

OSMBC

60 Old Mill Road | Suite 405 | Oakville| ON | L6J 7V9

info@osmbc.org (647) 478-6160