

GRAND BEND & AREA CHAMBER OF COMMERCE 2016 MEMBERSHIP APPLICATION

Date: _____

Business Name: _____

Business Category: Stay Play Dine Shop Services

Business Sub-Type: **Circle the sub-type or types most appropriate to how your business should be listed on our websites (GrandBendTourism.com / GrandBendChamber.ca) and directories.**

STAY: Bed & Breakfast / Cottages / Campgrounds & R/V Parks / Motels, Hotels, Inns & Resorts
[Accommodation Providers must sign an Accommodation Code of Ethics agreement]

PLAY: Beaches & Boating / Galleries & Museums / Sports & Leisure / Theatre & Entertainment

SHOP: Antiques, Flea & Farmers Markets / Art Galleries & Supplies / Framing and Accessories /
Clothing & Accessories / Food & Drink / Health & Beauty / Home & Garden / Jewellery & Gifts /
Office & Stationery / Pets & Supplies

SERVICES: Agricultural / Appliances, Sales & Service / Automotive & Marine /
Banking, Financial & Accounting / Building & Property Services / Cleaning Services, Residential &
Commercial / Communications & Telecommunications / Community Services, Associations & Clubs /
Computers- Sales, Repair & Maintenance / Construction, Residential & Commercial / Design, Print,
Graphics and Web / Employment & Human Resource Services / Emergency Services / Funeral Services /
Fabrication & Industrial / Freight, Transportation & Taxis / Funeral Services / Government & Municipal
Services / Health, Medical & Well-being Services / Insurance / Landscaping, Tree Service & Removal,
Weed Control / Legal / Marketing, Advertising & Business Development / Media Outlets / Pest Control /
Plumbing, Electrical, Heating & Air Conditioning / Real Estate / Retirement & Rest Homes / Training &
Workshops / Travel & Tourism / Schools, Education & Daycare / Utilities / Waste Management / Website
Services / Worship Services

Ownership Type: Sole Partnership Corporation Agent

Names of Principals: _____

Number of Full-time Equivalent Employees: 1 to 4 employees 5 to 10 employees
 11 to 45 employees 50+ employees

NOTE: Number of employees based on a regular work week up to 40 hours per week for 52 weeks. If you have 4 summer employees working full-time from June through August, they add up to only 1 full-time equivalent employee.

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ACCESSIBILITY DETAILS

Check all accessible and assistive devices your business location offers:

- | | |
|---|---|
| <input type="checkbox"/> Curb ramp | <input type="checkbox"/> Specially heightened drinking fountain |
| <input type="checkbox"/> Ramp | <input type="checkbox"/> Handrails and grab bars |
| <input type="checkbox"/> Automatic door | <input type="checkbox"/> Braille or raised character signage |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Accessible seating |
| <input type="checkbox"/> Accessible parking spaces | <input type="checkbox"/> Specially heightened service counter |
| <input type="checkbox"/> Passenger loading zone | <input type="checkbox"/> Accessible toilet |
| <input type="checkbox"/> Accessible telephone (TTY) | <input type="checkbox"/> None of the above |

FOR ACCOMMODATION PROVIDERS – please indicate the number of accessible rooms: _____

FOR ACCOMMODATION PROVIDERS – please indicate the features your accessible rooms offer:

- | | |
|--|---|
| <input type="checkbox"/> Accessible toilet | <input type="checkbox"/> Visual alarms |
| <input type="checkbox"/> Grab bars and handrails | <input type="checkbox"/> Braille labeled facilities |
| <input type="checkbox"/> Specially heightened sinks and surfaces | <input type="checkbox"/> Accessible telephone (TTY) |
| <input type="checkbox"/> Accessible bathing facilities | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Roll-in shower | |

FOR RESTAURANTS AND ACCOMMODATION PROVIDERS – do you cater to food sensitivities and food allergies?

- YES NO WE TRY

Has your business completed the Accessibility Standards for Customer Service requirements that came into effect January 1, 2012?

- YES NO

Is there anything you would like us to add relative to Accessibility for your business?

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BUSINESS LOCATION ADDRESS / FOR PUBLIC USE (Published in the directory / websites)

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Telephone: _____ Toll: _____

Email: _____

Website: _____

Facebook: _____

Twitter: _____

Other Social Media: _____

Weblinks from our website to yours? YES NO

Upgraded Web Listing? YES NO

MAILING/BILLING ADDRESS (Office use only or off-season and billing, if different from above)

Address: _____

City/Town: _____ Prov: _____ Postal Code: _____

Telephone: _____ Toll: _____

Email: _____

I, the undersigned, acknowledge the Grand Bend & Area Chamber of Commerce uses email as their ***primary method of contact with me*** to notify me of Member events, sponsorship, member co-op and other types of advertising and marketing opportunities through the Chamber, government policy and regulations, some invoicing and local and other such information we deem of business value to our Members.

"I subscribe to the principles of the Better Business Bureau"

Signature of Applicant

Signature of Chamber Representative