

BUSINESS / ORGANIZATION REGISTRATION FORM

Business / Organization Name: _____

Main contact: _____

Address: _____

Phone Number: _____ Fax: Number: _____

Email address: _____

URL: _____

Nature of your business / organization (brief description):

(check if applicable)

No, I would not like to receive information about upcoming initiatives and events pertaining to my business / organization.

Email this information to: ckelley@madawaskavalley.on.ca or fax to 756-0553.

You may also drop it off at / mail to:

Township of Madawaska Valley
Economic Development/Recreation Department
85 Bay St., PO Box 1000
Barry's Bay, ON
K0J 1B0