

Corrimal Chamber of Commerce MEMBERSHIP APPLICATION FORM

Business Name: _____

Name of Business Owner
(or representative): _____

ABN: _____

Address: _____

Contact Numbers: **Phone:** _____ **Mobile:** _____ **Postcode:** _____
Fax: _____

Email Address: _____

Web Address: _____

Business Structure:
Please tick which applies

Sole Trader

Partnership

Company

No of Employees:

Please state how many apply to your business

Full Time

Part Time

Casual

AGREEMENTS:

(Please tick)

YES

NO

As a member, I would like links between our website and the Chamber

I agree to my business contact details being published and promoted on the Chamber website as part of my membership entitlements

I agree to my business contact details being supplied to other members and corporate partners for the purposes of marketing

List the issues you would like the Chamber to consider:

1. _____

2. _____

3. _____

Signed: _____

Print Name: _____

Date: _____

Position: _____

Membership fees: \$75 annually regardless of business structure. Upon receipt of this completed application and payment being received, you will be sent a Tax Invoice/Receipt. Cheques should be made payable to *Corrimal Chamber of Commerce*. A Membership Certificate will be sent to you along with your details being posted as a member on the Chamber's website within 6 weeks. **General meetings, committee meetings and special events:** Details of times, dates and venues, etc will be advertised on the Chamber website two weeks in advance.

Payments to Corrimal Chamber of Commerce –
Please reference your business name or invoice number.

Account name: Corrimal Chamber of Commerce

BSB: 641 800 Account number: 200422711

PH: 02 4284 3600

Mailing address: **PO Box 12 CORRIMAL NSW 2518**

Email: connect@corrimalchamber.com.au

Web: www.corrimalchamber.com.au

ABN: 24 883 308 837