



Nomination for Membership 2007-2008

PORT MACQUARIE CHAMBER OF COMMERCE INC. ABN: 50 735 851 570

(Incorporated under the association incorporation act 1984)

Suite 5, Level 1 Garrison Building Cnr Hay & Clarence Streets (PO BOX 114) PORT MACQUARIE, NSW, 2444 Telephone 6583 4412

I
(Full name of applicant)

of
(Business / Trading Name)

.....
(Preferred Business Address)

Business Telephone:..... Facsimile:.....

Mobile No..... E-Mail Address.....

Description of Business Activities/ Occupation

Hereby apply to become a member of the above named incorporated association.

- In event of my admission as a member, I agree to be bound by the rules of the association.
- I agree to the provision of my detailed particulars to external organisations or parties where deemed appropriate by the Port Macquarie Chamber of Commerce Inc.
- I elect to become a member of the Port Macquarie Chamber of Commerce Inc and acknowledge that membership will be valid for a period of twelve calendar months from the date that payment is received.

Signature: _____

Print Name: _____

Date: _____

Paid by: Cash / Bankcard / MasterCard / Visa card the amount of \$150.00

Card Holder Name:..... Card No.....

Expiry Date:...../...../..... Signature of Cardholder:..... Date:...../...../.....

PAID BY CHEQUE No..... dated in the amount of \$150.00

Receipt No:..... Membership No:..... Date Membership Certificate posted.....

I
A member of the Chamber, nominate the above named person who is personally known to me for membership of the Chamber of Commerce.

Signature of proposer.....

I
A member of the Chamber, nominate the above named person who is personally known to me for membership of the Chamber of Commerce.

Signature of seconder.....

Membership Application approved by the Executive Committee at meeting on (date)...../...../.....

BE INFORMED * GET INVOLVED * MAKE A DIFFERENCE