

Nomination for Membership



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 Sts (PO.Box 114) PORT MACQUARIE NSW 2444 T: 6583 4412 F: 02 6583 2766

(Name of business nominating for membership)

Represented by

(person who is to be the nominated representative of the business)

(Preferred Business Address)

Business Telephone

Facsimile

Mobile Telephone

Email

Website

Address

Postcode

Description of Business Activities

I/We hereby apply to become a member of the Port Macquarie Chamber of Commerce.

Business member (\$255)

Corporate Member (\$670)

- In the 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 particulars to external organisations where deemed appropriate by the Port Macquarie Chamber of Commerce Inc.
- I elect to become a member of the Port Macquarie Chamber of Commerce and acknowledge that membership will be valid for a period of twelve calendar months from the date that payment is received.

Signature

Printed Name

Date

<p>I(PRINT NAME) A member of the Chamber, nominate the above named Business who is personally known to me for membership of the Chamber of Commerce.</p> <p>Signature of proposer.....</p>	<p>I(PRINT NAME) A member of the Chamber, second the above named Business who is personally known to me for membership of the Chamber of Commerce.</p> <p>Signature of seconder.....</p>
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Membership Application approved by the Executive Committee at meeting on (date) / /

Paid by: Cash / Bankcard / MasterCard / Visa /Direct Debit in the amount of \$255/\$670 (GST inclusive)	
Card Holder Name:.....	Card No.....
Signature of Cardholder:.....	Date:...../...../..... Expiry:/...../.....
PAID BY CHEQUE No	Datedin the amount of \$.....
Direct Debit: Account Name: Port Macquarie Chamber of Commerce	
BSB: 633-000 (Bendigo Bank Port Macquarie)	
Account No: 127965499 - PLEASE USE INVOICE NUMBER AS REFERENCE AND FORWARD COPY OF DEPOSIT CONFIRMATION	
OFFICE USE ONLY	
Receipt No:.....	Membership No:.....Date Membership Certificate posted.....