



MEMBERSHIP APPLICATION FORM

Business Details

Business Name:		ABN:
Type of Business:		
Address:		P/code:
Postal Address:		P/code:
Phone:	Fax:	Email:

Company Representatives

Name:	Phone:	Email:
Name:	Phone:	Email:

Membership Fees (inc gst)

Standard:	Basic Membership	\$180 p.a.
Corporate:		tba
Corporate Major:		tba

Payment Details

<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Direct Transfer (Westpac: BSB 034 238 Account No. 142856)		
<input type="checkbox"/> Cheque (payable to: Burleigh Chamber of Commerce)		
Card No:	Expiry date:	Total(inc gst) \$
Name on card:	Signature:	

Declaration

I hereby apply for membership of the Burleigh Chamber of Commerce and agree to be bound by its Constitution and By-Laws and the Code of Conduct. Members may resign at any time by written notice.

Do you agree to the publication of your business details on our website?

Print Name: _____ Position: _____

Signature: _____ Date: _____

Office Use

Proposed: _____ Seconded: _____

Committee approved: _____