



2017-2018 Membership Application Form

NEW MEMBER

Membership Details

Business Name:

Trading As:

Description of Business
Type/Category (1 only):

ABN:

Business Phone:

Business Fax:

Postal Address:

Suburb:

State:

Postcode:

Business Address:

Suburb:

State:

Postcode:

Website:

Primary Contact Phone:

Primary Contact Email:

Additional Members

Please include below any additional staff members you would like to include in the chamber data base

Staff Member:

Email Address:

Staff Member:

Email Address:

Staff Member:

Email Address:

Staff Member:

Email Address:

Staff Member:

Email Address:

12-Month Membership Fee (incl GST)

Please place a ✓ in the box beside the 'Business Size' that reflects the total number of employees in your business/organisation

<input checked="" type="checkbox"/>	Business Size	Fee
<input type="checkbox"/>	1 - 10 employees	\$165
<input type="checkbox"/>	11 - 20 employees	\$375
<input type="checkbox"/>	21 - 60 employees	\$675
<input type="checkbox"/>	61 + employees	\$1125

Payment Options

Method:

Cheque

Deposit

Direct Deposit Details:

Acc Name:

Western Cape Chamber of Commerce Inc.

BSB:

704 640

Acc:

41472952

Ref:

- Your company name -