

## Swan Chamber of Commerce Membership Application



Name \_\_\_\_\_ Surname \_\_\_\_\_

Business Name \_\_\_\_\_

Trading Name \_\_\_\_\_

Position \_\_\_\_\_

ABN \_\_\_\_\_ No. of Employees \_\_\_\_\_

Business Type \_\_\_\_\_

Address \_\_\_\_\_

PO Address \_\_\_\_\_

Phone No \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Web \_\_\_\_\_

I hereby apply for membership and agree to be bound by the constitution and rules of the Swan Chamber of Commerce.

Signature: \_\_\_\_\_ Date: / / Recruited by: \_\_\_\_\_

### Membership Type - Please Tick (Note: Fees are Inclusive of GST)

- |                      |                          |                                     |
|----------------------|--------------------------|-------------------------------------|
| 1. 1 - 10 Employees  | <input type="checkbox"/> | \$100 Per Year                      |
| 2. 11 - 20 Employees | <input type="checkbox"/> | \$400 Per Year                      |
| 3. Over 20 Employees | <input type="checkbox"/> | \$800 Per Year                      |
| 4. Corporate Sponsor | <input type="checkbox"/> | Contact the Chamber for information |

### Methods of Payment

Please note that your payment will be processed upon approval by the Board of Management and an invoice will be issued for your records.

Credit card  Visa  Master Card

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

### Direct Deposit

Swan Chamber of Commerce, BankWest Midland BSB: 306 041 Account: 063 707 5

### Cheque

Swan Chamber of Commerce, PO Box 166, Midland WA 6956

### OFFICE USE ONLY

CRM  MYOB  Invoice  Paid  Website  Welcome