

MEMBERSHIP APPLICATION

Business Name) :			
Postal Address:	<u>: </u>			
Contact Name:				
Telephone:			Mobile:	
Email:			_	
Website:				
Facebook:			_	
Description of E	Business	:		
Sole Trader	☐ P	artnersh	hip Corporat	tion Not for profit
Number of emp	loyees: ((Permar	nent)	(Casual)
I prefer to receive	ve corres	sponder	nce by En	nail Post SMS Facebook
Our most recen	t member	rship fee	es are as follows, ba	used on the size of your business:
New Businesses	(establish	ned with	in the last 12 months	s) - FREE
0-5 Full Time Eq	quivalent	Employ	ees - \$75.00	
6-20 Full Time E	Equivalen	t Emplo	yees - \$150.00	
21+ Full Time E	quivalent	Employ	rees - \$250.00	OSE
by the Executive	e, agree	to abide		Inverell Chamber of Commerce and if accepted on to comply with all By-laws and to pay a
business. Members no-cost members o entitle you to addition I, being the Applica Membership of NS\ to above) and agree	s of the Involved the Service on all service on a the Service of t	erell Char siness Ch es at no coorised by s Chambe und by the	mber of Commerce & Ir namber under the Local cost. the Applicant) hereby a er ("NSWBC") as part o e NSWBC constitution a	ement in Australia and strengthen the voice of industry upon joining or renewal will be included as Chamber Alliance Program. This membership will apply for the Local Chamber Limited if the Alliance with our Local Chamber (referred and terms and conditions as amended from time nesschamber.com.au/termsandconditions.
I hereby reques	st NOT to re	eceive Loc		nbership of NSW Business Chamber ("NSWBC")
Signed:	· ·	0,	OWE	SEL SEL
Position:			GROW	NVERELL
Date: Please return comp	leted form	to: info@	inverellchamber.com.a	
OFFICE USE ON	1LY			
Accepted	/	/		Referred by:
Invoiced	/	/	Invoice #	Promotion:
Advised	/	/	Initials:	
Entered	/	/	Initials:	