

MEMBERSHIP APPLICATION

Please return completed form to: PO Box 377 Inverell NSW 2360, IDFS (30-34 Campbell Street, Inverell) or info@inverellchamber.com.au

Business Nar	me:			
Postal Addre	ess:			
Contact Nam	ne:			
Telephone:			Mobile	
Email:				
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Facebook:				
Description (of Busin	ess:		
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Position:				
Date:				
OFFICE USE	ONLY			
Accepted	/	/		Referred by:
Invoiced	/	/	Invoice #	Promotion:
Advised	/	/	Initials:	
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