



Coffs Harbour Chamber of Commerce and Industry Inc. (ABN 74 324 769 754)

Location:
Level 1 The Promenade
321 Harbour Drive
Coffs Harbour NSW 2450

All mail to:
The Executive Officer
P O Box 176
Coffs Harbour NSW 2450

Phone: (02) 6651 4101
Email: info@coffschamber.com.au
Fax: (02) 6651 4081
Website: www.coffschamber.com.au

Application for Membership (0 - 5 employees)

I/We, the undersigned, hereby make application to be admitted to membership of the Coffs Harbour Chamber of Commerce and Industry Inc. and if my/our application is accepted, I/We agree to be bound by the Constitution of the Coffs Harbour Chamber of Commerce and Industry Inc. and to pay the applicable Annual Membership Subscription as it becomes due.

REGISTERED / INCORPORATED NAME

TRADING NAME

ABN

STREET ADDRESS

POSTAL ADDRESS

CITY / SUBURB / TOWN

STATE

P/CODE

TELEPHONE

FAX

MOBILE

EMAIL

WEBSITE

TYPE OF BUSINESS / INDUSTRY

NO. OF EMPLOYEES

NAME OF REPRESENTATIVE TO CHAMBER

AUTHORISED NAME

AUTHORISED SIGNATURE _____

DATE

Please indicate whether or not you are willing for your business details to be used for Coffs Harbour Chamber of Commerce activities.

Yes, I am willing for my business details to be used by the Coffs Harbour Chamber of Commerce in its day-to-day activities, including event promotions, surveys, newsletters & e-letters, membership listings and business directories.

No, I am not willing for my business details to be disclosed to anyone outside the Coffs Harbour Chamber of Commerce Executive.

Application Fees to 30/4/2018

Subscription	+10% GST	Total
\$210	\$21.00	\$231.00

Credit Card Authorisation

I authorise Coffs Harbour Chamber of commerce to charge my credit card:

Credit card type: Visa MasterCard (please select)

Card number:

Expiry date:

Name on the card:

Amount: \$231

Signature: _____

A TAX INVOICE/RECEIPT WILL BE ISSUED FOR GST PURPOSES WHEN YOUR PAYMENT IS RECEIVED.

When completed, forward this application form, together with your payment to the address shown above.