



**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  
**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 / ACN

STREET ADDRESS

SUBURB

STATE

P/CODE

POSTAL ADDRESS  
(IF DIFFERENT)

SUBURB

STATE

P/CODE

TELEPHONE

FAX

MOBILE

EMAIL

WEBSITE

TYPE OF BUSINESS / INDUSTRY

NO. OF EMPLOYEES

PRIMARY CONTACT TO CHAMBER, FIRST NAME

LAST NAME

JOB TITLE

PHONE NUMBER

MOBILE

PRIMARY CONTACT EMAIL

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 30/4/2019

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.



# Chamber Alliance Program Membership Opt-in

## Local Chamber Member details

Your Local Chamber COFFS HARBOUR CHAMBER OF COMMERCE

Business name **(Applicant)**

ACN/ABN

Street address

Suburb State Postcode

Postal address (if different to street address)

Suburb State Postcode

Direct telephone Direct fax

Website

Number of employees Industry

## Primary contact person

Mr/Mrs/Ms/Miss/Dr First name Surname

Job title

Direct telephone Direct fax

Mobile Email

I am already a member of the NSW Business Chamber

## NSW Business Chamber membership declaration

I, being the Applicant (or authorised by the Applicant) hereby apply for the Local Chamber Limited Membership of NSW Business Chamber (“NSWBC”) as part of the Alliance with our Local Chamber (referred to above), and agree to be bound by the NSWBC constitution and terms and conditions as amended from time to time and available on the NSWBC website at [www.nswbusinesschamber.com.au/termsandconditions](http://www.nswbusinesschamber.com.au/termsandconditions).

I acknowledge and agree that our NSWBC membership benefits and entitlements are as set out in the Schedule to this application. I understand and agree that our membership of the NSWBC is for a period of 12 months and the renewal of our membership for further periods of 12 months each is subject to our Local Chamber renewing the Local Chamber Alliance Agreement with NSWBC each year and our business continuing to be a member of our Local Chamber. I understand and agree that our NSWBC membership benefits and entitlements may vary by agreement between the NSWBC and our Local Chamber.

Signature \_\_\_\_\_ Date

Print Name

**PLEASE COMPLETE AND RETURN THIS FORM TO YOUR LOCAL CHAMBER**