





Chamber Alliance Program Membership Opt-in

Local Chamber Member details

Your Local Chamber	COFFS HARROUR CHAMBER	OF COMMERCE

Business name (Applicant)			
ACN/ABN			
Street address			
Suburb	State	Post code	
Postal address (if different to street	address)		
Suburb	State	Post code	
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	Em ail		
☐ I am already a member of the N			
NSW Business Chamber me	mbership declara	ntion	
	namber (" NSWBC ") a by the NSWBC cons	spart of the Alliance with titution and terms and co	n our Local Chamber (referred to anditions as amended from time to
months and the renewal of our	understand and agre membership for fu namber Alliance Agr namber. Lunderstan	ee that our membership or ther periods of 12 mont eement with NSWBC each and agree that our NSV	of the NSWBC is for a period of 12 hs each is subject to our Local year and our business continuing VBC membership benefits and
Signature		Da	ate/
Print Name			