



MEMBERSHIP APPLICATION FORM 2017-18

Your Contact Name (for Chamber correspondence):

Company Name (if applicable):

Business Name: ABN:

Office Address:

Postal Address:

Phone: Mobile:

Fax: Email:

Website or Facebook Address:

- I, the undersigned, certify that the information on this application form and any attached documents is correct. I understand that The Cardwell Chamber of Commerce's management committee will ultimately determine the membership classification of this application in accordance with the rules of the association.
- I agree that, if my application is accepted, I will support the Chamber's role of advocating for the ongoing interest, investment in, and longevity of Cardwell area businesses. I also agree if, for any reason my membership of the Chamber shall terminate, that my rights, title and interest in or to the Chamber shall cease.
- I understand that, as the Chamber is a provider of publicly available information about business services and products, some or all of the information provided on this application form may be published by the Chamber unless I specifically direct the Chamber otherwise.

Applicant's signature: Date:

1 vote per Ordinary, Life, or Honorary Life membership

Nominated by (financial Chamber member):

Signed: Date:

Seconded by (financial Chamber member):

Signed: Date:

The joining fee is **\$66.00** including \$6.00 GST. (Renewals are \$66.00 annually, due before the end of each financial year.)

Date paid: Payment method: Chq/Trans no.*

**Our bank details are BSB 633-000, account 133482976, and include your ABN as the Reference*

To receive a tax invoice/receipt, please return this form with payment attached or transacted to:

The Secretary, The Cardwell Chamber of Commerce Inc.
PO Box 14, Cardwell QLD 4849 or email cardwellchamber@gmail.com