



MERIMBULA CHAMBER OF COMMERCE

Incorporation No. 1227835 ABN 29 223 410 500

P.O Box 91 Merimbula NSW 2548

Membership Application

MEMBERSHIP CATEGORY

- | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Large Business \$275 <small>No GST</small>
20+ full time equivalent staff | <input type="checkbox"/> Small Business \$99 <small>No GST</small>
1-5 full time equivalent staff |
| <input type="checkbox"/> Medium Business \$150 <small>No GST</small>
6-19 full time equivalent staff | <input type="checkbox"/> Associate Member \$20 <small>No GST</small>
An individual not connected to any business |

MEMBER DETAILS

Business Name _____

ABN _____

Website _____

Contact Name _____

Email _____

Phone Number/s _____

Postal Address _____

Would you be occasionally available to volunteer in assisting with Chamber initiatives and events?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Maybe

Signature: _____ Date: _____

Please scan and email completed form to serge@ourmerimbula.com.au or post to PO Box 91 Merimbula NSW 2548.

An invoice will be sent to you upon receipt your application form