



MERIMBULA CHAMBER OF COMMERCE

Incorporation No. 1227835 ABN 29 223 410 500
P.O. Box 91 Merimbula NSW 2548

Merimbula Chamber of Commerce

Membership Application

MEMBERSHIP CATEGORY

(Please tick appropriate membership category)

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

MEMBER DETAILS

Business Name _____

ABN _____

Website _____

Facebook URL _____

Contact Name _____

Email _____

Phone Number _____

Mobile Number _____

Postal Address _____

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

- ☐ Yes
☐ No
☐ Maybe

Signature: _____ **Date:** _____

Please email completed form to secretary@ourmerimbula.com.au or post to **PO Box 91 MERIMBULA NSW 2548**. An invoice will be sent to you upon receipt of your application form, **or** pay directly to:

Account name: Merimbula Chamber of Commerce - Horizon Bank

BSB: 802-124 Account Number: 100092639 Reference: Your Business Name