

# Nomination for Membership 2018



PORT MACQUARIE CHAMBER OF COMMERCE INC ABN: 50 735 851 570  
(Incorporated under the association incorporation act 1984)

Suite 5, Level 1 Garrison Building, Cnr Hay & Clarence Sts (PO Box 114) PORT MACQUARIE NSW 2444 T: 02 6583 4412 F: 02 6583 2766

ABN: \_\_\_\_\_

(Name of business nominating for membership)

Represented by \_\_\_\_\_

(person who is to be the nominated representative of the business)

(Preferred Business Address)

Business Telephone \_\_\_\_\_

Facsimile \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Postal Address \_\_\_\_\_

Postcode \_\_\_\_\_

Description of Business Activities \_\_\_\_\_

I/We hereby apply to become a member of the Port Macquarie Chamber of Commerce.

Business Membership (\$290)

Executive Membership (\$690)

Premier Membership (\$990)

Gold Sponsorship (\$2,490)

- In the event of my admission as a member, I agree to be bound by the rules of the association.
- I agree to the provision of my particulars to external organisations where deemed appropriate by the Port Macquarie Chamber of Commerce Inc.
- I elect to become a member of the Port Macquarie Chamber of Commerce and acknowledge that membership will be valid for a period of twelve calendar months from the date that payment is received.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

The NSW Business Chamber is working to unify the Chamber movement in Australia and strengthen the voice of business. Members of the Port Macquarie Chamber of Commerce will be opted in as no cost members of NSW Business Chamber under the Local Chamber Alliance Program upon joining or renewal. This membership will entitle you to additional services at no cost. For further information on the benefits please contact the NSW Business Chamber Regional Manager, Kellon Beard on 0427 767 246 or email [kellon.beard@nswbc.com.au](mailto:kellon.beard@nswbc.com.au)

- If you **do not** wish take up this offer then please tick the box.

I .....(PRINT NAME)  
A member of the Chamber, nominate the above named Business who is personally known to me for membership of the Chamber of Commerce.

Signature of proposer.....

I .....(PRINT NAME)  
A member of the Chamber, second the above named Business who is personally known to me for membership of the Chamber of Commerce.

Signature of seconder.....

Membership Application approved by the Executive Committee at meeting on (date) ..... / ..... / .....

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**Paid by:** Cash / Bankcard / MasterCard / Visa /Direct Debit in the amount of \$290/\$690/\$990/\$2,490/\$\_\_\_\_\_ (GST inclusive)

Card Holder Name:..... Card No.....

Signature of Cardholder:..... Date:...../...../..... Expiry: ...../...../.....

**PAID BY CHEQUE No**..... Dated .....in the amount of \$.....

**Direct Debit: Account Name:** Port Macquarie Chamber of Commerce

**BSB:** 082-798 (NAB Port Macquarie)

**Account No:** 12-027-8488 - PLEASE USE COMPANY NAME AS REFERENCE AND FORWARD COPY OF DEPOSIT CONFIRMATION

## OFFICE USE ONLY

Receipt No:..... Membership No:.....Date Membership Certificate posted.....