

Application Form



CARNARVON CHAMBER OF COMMERCE INC.

Your details

Member no. (office use only) _____

First name	Surname	Role
Company/Business name (or registered proprietor)		
Trading/ registered business name (if applicable)		ABN
Street address		
Suburb	State	Postcode
Postal address (if different)		
Suburb	State	Postcode
Work phone	Mobile	
Email	Website	

About your business

Business Structure: Sole Trader Partnership Company Other _____

Number of Employees: 1-19 20-49 50-99 100 or more

Gross revenue turnover: < \$500k \$500k-\$1m \$1m-\$3m \$3m-\$5m \$5m +

Main product/services provided:

<input type="checkbox"/> Accommodation & Food Services	<input type="checkbox"/> Administration & Support	<input type="checkbox"/> Agriculture, Horticulture & Fishing
<input type="checkbox"/> Art & Rec Services	<input type="checkbox"/> Construction or civil earthworks	<input type="checkbox"/> Education & Training
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Healthcare & Medical Services	<input type="checkbox"/> Electricity, Gas & Water & Waste Services
<input type="checkbox"/> Government Services	<input type="checkbox"/> Mining and Primary Resources	<input type="checkbox"/> Information Media & Telecom
<input type="checkbox"/> Employment Services	<input type="checkbox"/> Rental, Hiring & Real Estate	<input type="checkbox"/> Community or Business Associations / Groups
<input type="checkbox"/> Wholesale trade	<input type="checkbox"/> Other:	<input type="checkbox"/> Community Services
		<input type="checkbox"/> Professional, Scientific & Technical services
		<input type="checkbox"/> Transport, Logistics & Warehousing

Membership Authority

I/we agree:

- For my business listing and/or logo to appear on the Carnarvon Chamber of Commerce website and other marketing material
- For my business to be advertised on the Business Chamber members Directory (under section 27 of the Associations Incorporation Act)
- To receive updates and announcements from the Carnarvon Chamber of Commerce by email
- To opt-in to the Buy Local Campaign at no extra cost as a Local Chamber Member and receive updates by email on campaign and services

I hereby agree to become a Member of the Carnarvon Chamber of Commerce and Industry Inc and agree to be bound by and observe the Carnarvon Chamber of Commerce Constitution. A copy of Carnarvon Chamber of Commerce Constitution can be found at <https://www.carnarvonchamber.org.au/>

Signature _____ Print Name _____ Date _____

Payment

Deposit my cheque Send me an invoice Business Membership Corporate Membership NFP or Association Member

Charge Credit Card Apply the COVID 19 Discount Card number:

I authorise \$ _____

payment of: _____ Expiry / _____ Cardholder Signature _____

Cardholder name _____

Payment Terms

Payment can be made by Cheque to Carnarvon Chamber of Commerce and Industry - posting to PO Box 655, Carnarvon WA 6701 or Direct Deposit to Acc name: Carnarvon Chamber Of Commerce & Industry Inc. - BSB: 066 509 - Acc number : 1018 6566

Email the completed membership form to the Treasurer at treasurer@carnarvonchamber.org.au