

Membership Application Form

I (Insert name of business)

.....

of (insert business address)

.....

wish apply to become a member of the above Association.

If my application is accepted, I agree to be bound by the rules of the Association.

Signature:..... Date:.../...../.....

INFORMATION for APPLICANTS

- Membership fee \$242.00 (inc. GST) – Payment can be made by Cheque to Carnarvon Chamber of Commerce and Industry (PO Box 655, Carnarvon WA 6701) or by Direct Deposit to Acc name: Carnarvon Chamber Of Commerce & Industry Inc. – BSB: 066 509 – Acc number : 1018 6566.
- If your application is accepted, your name and address, as provided, **must** be recorded in a register of members and be made available to other members, upon request, under section 27 of the *Associations Incorporation Act*.
- If the obligations under the *Associations Incorporation Act* are not complied with the Association can be wound up.
- You can contact the Chamber by email admin@carnarvonchamber.org.au
- You can access or correct personal information (your name and address) by contacting the Chamber as indicated above.

OTHER INFORMATION

- If your application is accepted you are entitled to inspect and make a copy of the register of members under section 27 of the *Associations Incorporation Act*.
- If your application is accepted you are entitled to inspect and make a copy of the rules (constitution) of the association under section 28 of the *Associations Incorporation Act*.
- **If your application for membership is rejected by the Committee:** You may give notice of your intention to appeal within 14 days of being advised of the rejection (rule 5(4)). The Association in a general meeting, no later than the next annual general meeting, must confirm or set aside the decision of the Committee rejecting your application, after giving you a reasonable opportunity to be heard or to make written representations to the general meeting (rule 5(5)).



CARNARVON CHAMBER OF COMMERCE INC.



Member Details

First Name	Last Name	Preferred Name	DOB	Occupation
Home Street Address	Suburb/Town	PO Box	Post Code	
Home Phone	Home Fax	Mobile Phone	Home email	
Business Name	Nature of Business (Category e.g. Retail, tourism, etc.)			
Business Street Address	Suburb/Town	PO Box	Post Code	
Business Phone	Business Fax	Business email		
Business Web	Mobile No			
Brief description of your business as you would like it to be presented				
Note to business: Please provide your logo in jpeg format and file size no bigger than 200kb for inclusion on our website				
I agree to my details being made available to third parties in normal course of Chamber Business			YES NO (please circle your choice)	
Comments or additional Information				