



Membership Application

Business Name: _____ Contact Name: _____

Postal Address: _____

Street Address: _____

Email Address: _____ Website: _____

Mobile Phone: _____ Business Phone: _____

Business Type: _____ Number of Employees: _____

In what ways would you like the chamber to be of service to you and your business?

Membership Options

- | | | |
|-----------------------------------|--------------------------|----------|
| Community | <input type="checkbox"/> | \$20.00 |
| New Micro Business | <input type="checkbox"/> | \$50.00 |
| Business employing up to 30 staff | <input type="checkbox"/> | \$150.00 |
| Business employing above 30 staff | <input type="checkbox"/> | \$300.00 |
| Industry Organisations | <input type="checkbox"/> | \$350.00 |

Payment

Direct Deposit

Bairnsdale Chamber of Commerce
BSB: 633 000
Acc No: 105 179 055
Bendigo Bank

I, _____ of _____
hereby apply for a membership to The Bairnsdale Chamber of Commerce and Industry Inc.

Signed: _____ Date: _____