



Maroochydore
Chamber of
Commerce

ABN: 33 605 775 758

MEMBERSHIP APPLICATION FORM

BUSINESS NAME.....

NOMINEE MEMBER (for mailing list).....

POSTAL ADDRESS.....

PHONE..... FAX..... Mobile.....

EMAIL ADDRESS.....

WEB ADDRESS.....

NATURE OF BUSINESS.....

CATEGORY FOR NEWSLETTER MEMBERS DIRECTORY.....

PROPOSED BY..... PHONE.....

SECONDED BY..... PHONE.....

(Proposer and Seconder are to be Financial Members of the Chamber)

New Membership Subscription Fee: \$200.00
Link to Website \$ 80.00

Signature of Applicant..... Date.....

Forward cheque or credit card details (Bankcard, Mastercard, Visa) to:

Bankcard Mastercard Visa _ _ _ _ _

Name on Card: _____ Expiry Date: _____

MAROOCHYDORE CHAMBER OF COMMERCE
PO BOX 181
MAROOCHYDORE QLD 4558

Fax: 5443 5208

By paying the membership fee and joining the Chamber, all members accept and agree to the Chamber's privacy policy, details at which are published on the Chamber website. Please attach a short profile of yourself and your business for our information. No more than 50 words. Thank you for your membership commitment.

Receipt No.....Date.....