



Membership Application Form

(Please ensure you print all information clearly)

Full Membership

Businesses trading under separate ABN's require a separate application form & incur a full membership fee.

Annual Fee \$300 inclusive of GST (Jan-Dec). (Pro-rata payment of \$25 per month, inc GST, when joining during the year)

\$25 (inc GST) x _____ months = \$ _____

Sub Membership

Available to additional businesses trading under the same ABN as a business with Full Membership.

Annual Fee \$75 (25%) inclusive of GST (Jan-Dec). (Pro-rata payment of \$6.25 per month, inc GST, when joining during the year)

\$6.25 (inc GST) x _____ months = \$ _____ x No of Additional Trading Names _____ = \$ _____

Registered Business Name: _____

Business Trading Name: _____
(This is your membership name)

Additional Trading Name: _____

Additional Trading Name: _____

All Business Owners Names: _____

ABN: _____ Business Registration #: _____ Expiry Date: _____

Address: _____ Postcode: _____

Postal Address (If different): _____ Postcode: _____

Telephone: _____ Mobile: _____ Fax: _____

Email: _____ Website: _____

Description of Business Operations: _____

I, being OWNER / MANAGER, MR/MRS/MS/MISS/DR: _____
(Please Circle) (Please Circle) (Please Print Name Clearly)

Apply for Membership of the Albany Chamber of Commerce & Industry Inc. and agree to abide by the ACCI Constitution and its rules of membership. I understand that Membership of the Albany Chamber of Commerce & Industry will entitle me to the full facilities and services available to Members. I give my permission for this information to be included on the Albany Chamber of Commerce & Industry's database and web page.

Signature: _____ Date: _____

Direct Deposit:	BSB - 066 500 Account Number - 002 921 82 (please quote your trading name as reference)
By Post:	Send your cheque made payable to Albany Chamber of Commerce & Industry
In Person:	By Cheque, Cash, EFTPOS or Credit Card
By Phone:	Credit Cards: MasterCard, Visa, American Express, Diners
Card No:	____ / ____ / ____ / ____ Exp: ____ / ____
Name on Card:	_____ Signature: _____