



P O Box 157
Beaconsfield
Tasmania 7270

West Tamar Chamber of Commerce

MEMBERSHIP FORM

- 1) **Full Business Membership** - (Entitlement to full services of the Chamber with 1 vote)
- 2) **Associate Membership** - (Entitlement to newsletters, notices and the opportunity to attend activities run by the Chamber – no voting rights)

Membership Fees: Full Membership \$100.00 p.a.
Associate \$50.00 p.a.

Business/Company Name

ABN/CAN

Primary and Secondary Contacts

Mr./Mrs/Miss/Ms.

Actual Business Address:

.....

Postal Address:

Category of Business

Phone No: **Mobile:** **Fax No:**

Email Address:

To receive electronic newsletters and other notices)

Web Site:

Membership Type: Please tick Full Associate

I have enclosed \$.....being the membership fee of the West Tamar Chamber of Commerce Inc. for the year ending June 30th 200_

Declaration

I hereby apply to continue membership of the West Tamar chamber of Commerce and agree to abide by the rules and regulations as set out in its Articles of Association.

Signed..... **Date**.....

Please send fees and completed application form to
The Secretariat, West Tamar Chamber of Commerce. P.O.Box 157 Beaconsfield, Tas 7270