

## MEMBERSHIP APPLICATION FORM

## **Eden Chamber of Commerce Inc.**

PO BOX 500 Eden, NSW, 2551

Phone: 02 6496 1953

 $\textbf{Email:} \, \underline{secretary@oureden.com.au}$ 

ABN 20 245 424 925

## Membership Details This form can be completed electronically, then please print it out and send it to us at the above address or via email. Thank you!

Business Name:	Membership Fees		
One vote per membership)	No of Employee's in your business:		
Contact Name (1):	Membership Types: (please tick)	Membership Types: (please tick)	
Contact Name (2):	Business 1-3 Employees \$80  Business 4–9 Employees \$150		
Type of Business:	Business +10 Employees \$300  Private – Not aligned to a Business \$40		
Postal Address:	Please note there is no GST on Eden Chamber of Commerce membership.		
Address:	If you would like to make a donation to assist us in promoting Eden please tick this box		
Town:	Payment Information		
Post Code:	Description	Amount	
State:	Membership Fee		
Business Phone:	Donation		
Make the Address of	Total		
Website Address:  Preferred Main Contact:	Application Process:  Once your application form has been received and approved you will receive an invoice from the treasurer with payment information.  I agree that my email address may be used for any required notices or communication.		
Email:			
Mobile:			
Short explanation of your business:	Signature and Date:		
	The Benefits:  - One voice gets action for our to  - Get involved in the direction of  - Expand your business by meeto	f our region	

PRESIDENT VICE PRESIDENT

about issues that affect your business.

Eric Wolske

0408 240 097

with other businesses in your community and stay informed

Jason Stephenson

0456 768 010

SECRETARY Jane Perkins 0439 734 294 **TREASURER**Kim Harrison-Hewitt
0409 002 945

The Eden Chamber of Commerce is a great way to keep in touch - Benefit from our education programs