MEMBERSHIP APPLICATION FORM

Eden Chamber of Commerce

Email: Secretary@oureden.com.au
ABN: 20 245 424 925

Membership Details

Business Name: (One Vote per membership)
Contact Name (1):
Contact Name (2):
Type of Business:
Postal Address:
Address:
Town:
Post Code:
State:
Business Phone:
Website Address:
Preferred Main Contact:
Email:
Mobile:

Short explanation of your Business:

The Eden Chamber of Commerce is a great way to
Keep in touch with other businesses in your community
And stay informed about issues that affect your business

Membership Fees

No of Employee's in your Business:

Membership Types: (please tick)

Business 1-3 Employees $80 ☐
Business 4-9 Employees $150 ☐
Business 10+ Employees $300 ☐
Private – No Business Link $40 ☐

Please note there is no GST on membership

If you would like to make a donation to assist us in promoting Eden please see below

Payment Information

Description	Amount
Membership Fee	
Donation	
Total	

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.

Signature and Date:

The Benefits:

- One voice gets action for our town
- Get involved in the direction of our region
- Expand your business by meeting like-minded people
- Benefit from our education programs

Membership Annual Fees

Small Business	Medium Business	Large Business	Private
1-3 Employees	4-9 Employees	10+ Employees	No business Link
$80	$150	$300	$40

Bank Details: IMB BSB: 641-800 Account: 2001 92400