



ABN: 80 102612177

PO Box 298 Singleton NSW 2330
www.singletonchamber.org.au
Enquire: 0400 460 412 FAX: 02 65713120
Advocates of YOUR business community!

MEMBERSHIP APPLICATION (Tax Invoice)

Business Name _____ Referred By _____

Principal/Manager _____

Location Address _____

Postal Address _____

Business Contact Phone _____ Fax _____

Preferred Contact Phone _____ Fax _____

Email _____

Nature of Business _____

Number of Staff _____ Years in Business _____

The collection of the above information is for the sole purpose of the Singleton Chamber of Commerce, on occasion the Chamber offers advertising and networking opportunities/referencing of available services to other members and the general public. If you do NOT wish to participate in such opportunities please tick here. _____

Membership (please circle one):

Business \$120.00

Individual \$60.00

NOTE: the Singleton Chamber of Commerce is not registered for GST and no GST will be charged.

Payment by Cheque , Credit Card C/C number _____ / _____ / _____ / _____ Exp date: ____ / ____ / ____

Signed: _____ Name _____

Payment by EFT BSB 062-599 A/C # 10206799. Please use Company name as reference. Date transferred _____

YES, I would like a link to my business website placed on the Chamber website (www.singletonchamber.org.au)

My Web address is _____

My Logo is (please circle one): Supplied To be supplied Not needed I do not have a logo
(preferably in .jpg format)

YES, I would like my business profiled in the next newsletter.

We profile each new member in our newsletter. If you can provide some information about you and your business we will include it in the next issue. Alternatively, inserts and brochures, advertising and other announcements may also be included for a cost.

I would prefer my monthly E-Newsletter to be forwarded to: Email Address: _____

(up to 3 addresses permissible per organisation – include overleaf)

For queries or more information contact the Secretary on 0400 460 412 or info@singletonchamber.org.au

I confirm the above information is true and correct, by signing this application I acknowledge that I am in authority to make such a decision on behalf of the Business/Individual named above.

Signature: _____ Print Name _____ Date ____ / ____ / ____

PLEASE MAIL FORM TO : P O BOX 298, SINGLETON NSW 2330

Office Use Only: Memb # INV'd ChamberDB to EDO N'letter DB Approved(Mtg)
Ver:18/10/09 (MYOB) & Sponsor: