APPLICATION FOR MEMBERSHIP



ANNUAL MEMBERSHIP FEE: Business

Community Group Community Individual \$100 (1 voting right) \$50 (1 voting right) \$20 (no voting rights)

MEMBERSHIP PERIOD: Annually 1st November - 31st October

A receipt will be issued upon confirmation of your membership payment.

Please return the completed application for via a Chamber representative or email to admin@experienceevanshead.com

BUSINESS NAME:				
CONTACT NAME:				
BUSINESS ADDRESS:				
POSTAL ADDRESS:				
BUSINESS PHONE:				
BUSINESS FAX:			ABN:	
MOBILE:				
EMAIL ADDRESS:				
WEBSITE:				
YOUR INDUSTRY SECTOR:	O RETAIL O PROFESSIONAL SERVIC O CULTURAL / RECREATIO O AGRICULTURE O FINANCE / INSURANCE O HEALTH / COMMUNITY S O ACCOMMODATION, CAF O OTHER (please specify):		O O O VICES	CONSTRUCTION
LIST YOUR 4 MAIN PRODUCTS / SERVICES:				

The above information will be used to disseminate the Chamber's correspondence, eg. minutes of meetings, agendas, notification of events & listing on website. If you wish to receive minutes & agendas you will need to provide an email address.

As part of your Membership your business details provided on this application will be placed onto the NSW Business Chamber website within the Member's Directory. Access to the NSW Business Chamber Local Chamber Alliance Members Benefits will also be activated.



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PAYMENT OPTIONS:	to Chamber Representative			
	BSB: 728 72 O Cheque pa	Business & Community Chamber 28 ACC: 2230 2744 REF: Your Surname		
ARE YOU INTERESTED IN ANY OF THE FOLLO				
 Managing people Balancing work & General business Planning & organia & service process Quality assurance Business strategy Legal / regulatory E-commerce (sell Information technic 	life planning sing production es e / accreditation g requirements ing online)	 Time management Succession planning Planning & organising work & business systems Improving production or service processes Risk identification & management Financial management Marketing Developing & commercialising new products & services Sustainable business practises 		
ARE THERE ANY OTHER THAT YOU WOULD LIKI		REST RELEVANT TO YOUR BUSINESS FORMATION ABOUT?		
IDEALLY, HOW WOULD	YOU LIKE THE IN	FORMATION ABOVE TO BE DELIVERED?		
Business BreakfasNetworking EventField DaysNewslettersConferences	if so, who	our Workshops nat time of day is most suitable O Morning O Afternoon O Evening oring / Coaching ay Workshops		

PLEASE EMAIL COMPLETED FORM ADMIN@ EXPERIENCEEVANSHEAD.COM



PO Box 140, Evans Head 2473 Email: admin@experienceevanshead.com Phone: 0478 619 996

Meeting Details: 7:30-8:30 AM 3rd Wednesday of each month