# **APPLICATION FOR MEMBERSHIP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Business name | Click or tap here to enter text. | | | | | |
| Business address\* | Click or tap here to enter text. | | | | \*Do NOT include address in business directory listing |  |
| Postal address (if different from above) | Click or tap here to enter text. | | | |
| Telephone | Click or tap here to enter text. | | Mobile | Click or tap here to enter text. | | |
| Email | Click or tap here to enter text. | | Website | Click or tap here to enter text. | | |
| Facebook/Social | Click or tap here to enter text. | | Click or tap here to enter text. | | | |
| Number of equivalent full-time employees (incl. owners) | | # | ABN | ### | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business category (select the most relevant option) | | | | | |
| Accommodation |  | Cafés, Restaurants & Catering Services |  | Household & Domestic Services |  |
| Advertising, Marketing, Design & Promotions |  | Care & Support Services |  | Medical & Health |  |
| Agriculture, Animals & Livestock |  | Computing & Technology |  | Other Services |  |
| Arts, Culture & Tourism |  | Education, Training & Employment |  | Retail & Shopping |  |
| Automotive |  | Food & Groceries |  | Sports & Recreation |  |
| Building & Construction |  | Government |  | Travel, Transport & Storage |  |
| Business, Financial & Consultancy Services |  | Hair & Beauty |  | Trades |  |

#### **Applicant** (Business Representative)

*To the committee,*

*I/We desire to become a Member of the Narrogin Chamber of Commerce Inc (NCC).*

*In the event of my/our application for membership being approved, I/We agree to:*

* *Be bound by the Rules, By-Laws and Constitution of the NCC*
* *Pay the membership fee as set by the Committee of the NCC*

|  |  |  |  |
| --- | --- | --- | --- |
| Representative name: | Click or tap here to enter text. | Signature: | Click or tap here to enter text. |

#### **Proposer** (Current NCC Member)

* *I believe that the above candidate/s is/are in all respects eligible for membership.*

|  |  |  |  |
| --- | --- | --- | --- |
| Representative name: | Click or tap here to enter text. | Signature: | Click or tap here to enter text. |
| Member business: | Click or tap here to enter text. |  |  |

Please complete and return this form to Narrogin Chamber of Commerce at your earliest convenience.

|  |  |  |
| --- | --- | --- |
| A star in the background  Description automatically generated | PO Box 374, NARROGIN WA 6312 | |
| Phone: | 0474 924 337 |
| Email: | [admin@narroginchamber.com.au](mailto:admin@narroginchamber.com.au) |
| Website: | [narroginchamber.com.au](http://www.narroginchamber.com.au) |
| Facebook: | [facebook.com.au/narroginchamber](http://www.facebook.com.au/narroginchamber) |

**OFFICE USE ONLY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Database: |  | MYOB: |  | Email: |  | Newsletter: |  | Facebook: |  | Sticker: |  | Website: |  |