# **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 |
| Website: | [narroginchamber.com.au](http://www.narroginchamber.com.au)  |
| Facebook: | [facebook.com.au/narroginchamber](http://www.facebook.com.au/narroginchamber) |

**OFFICE USE ONLY**

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