



WARWICK CHAMBER OF COMMERCE INC
 PO Box 341, Warwick, 4370
 Inc No: IA12068
 ABN 37 445 285 104
 Email: contact@warwickchamber.com.au
www.warwickchamber.com.au

Membership Application Form

PERSONAL DETAILS (PLEASE PRINT)

First Name		Last Name	
Business Name		Industry	
Contact (if different)		Position	
Phone		Email	
Website			
Can we contact you by email?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't have email	Inc. Not For Profit <input type="checkbox"/>
Preferred contact		<input type="checkbox"/> Email <input type="checkbox"/> Mobile <input type="checkbox"/> Phone <input type="checkbox"/> Post	

Address		Postcode	
Postal Address (if different)		Postcode	

MEMBERSHIP DETAILS

Membership Type	Private/Sole Operator/Inc. NFP <input type="checkbox"/> - \$33/year 1-5 employees <input type="checkbox"/> - \$99/year 6-12 employees <input type="checkbox"/> - \$110/year >12 employees <input type="checkbox"/> - \$121/year
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STATISTICAL INFO

How did you hear about us?	<input type="checkbox"/> Web Search/Site <input type="checkbox"/> Media <input type="checkbox"/> Event <input type="checkbox"/> Colleague <input type="checkbox"/> Existing Member <input type="checkbox"/> Other _____
What are you looking for from membership? (Feel free to pick more than one!)	<input type="checkbox"/> Networking ¹ <input type="checkbox"/> Promo/Referrals ³ <input type="checkbox"/> Training/Education <input type="checkbox"/> Biz Connections ² <input type="checkbox"/> Events/Speakers <input type="checkbox"/> Access to business resources ⁴ <input type="checkbox"/> Other _____
What would you like the Chamber to do for you and your business?	

¹ Networking – face-to-face events with other businesses.

² Biz Connections – business-to-business connections between members.

³ Promo/Referrals – promotion of your business on website/social media; and referrals within and outside membership.

⁴ Access to resources – pointing you in the right direction when you have questions about, for example HR or doing business in the Southern Downs.

Are you interested in helping out in any of the following areas?	<input type="checkbox"/> Education/Training	<input type="checkbox"/> Event Management
	<input type="checkbox"/> Promotion of Chamber	<input type="checkbox"/> Mentoring
	<input type="checkbox"/> Other _____	

ACKNOWLEDGEMENT/SIGNING

By making this application to the Warwick Chamber of Commerce Inc, I agree:

- To be bound by the Rules of the Association in force and as amended from time to time.
- To my business name and logo being included on the WCC website.
- To be contacted by the Chamber Executive from time to time as instructed above.

PRIVACY:

Warwick Chamber of Commerce Inc respects the privacy rights of our members. A member's personal details (such as address, telephone number, etc) may be released to third parties as required under law, but will not be released to any other outside persons or organisations without the member's permission.

Signature	
Name	
Date	

Please return your completed form to:

Warwick Chamber of Commerce Inc
PO Box 341
Warwick Qld 4370

or scan and email to: contact@warwickchamber.com.au

PLEASE DO NOT PAY ON THIS FORM. An invoice will be sent for your membership including payment options.

Office Use Only:	
Nominator:	Seconder:
Signature:	Signature:
Date:	Date:
The above membership has been accepted.	
..... President/VP/Secretary/Treasurer* (*delete inapplicable) President/VP/Secretary/Treasurer* (*delete inapplicable)
<input type="checkbox"/> Invoice Sent	Receipt No: