2011-12 MEMBER APPLICATION & REMITTANCE

ABN: 96 065 826 936

Wangaratta Chamber of Commerce Inc. T/as Business Wangaratta
P O Box 680, Wangaratta, 3676
T: 0448 394 252 E: admin@businesswangaratta.com.au

Business Name*:	
Contact Name:	
ABN:	
Industry Type*:	❒ Retail (CBD) ❒ Retail (Other) ❒ Service/Trade ❒ Industrial ❒ Wholesale ❒ Health ❒ Business Service ❒ Private ❒ Other (please specify) _____
Address of Business:	
Town:	**Post Code:**
Phone No*:	**1.** **2.**
Fax No:	
Mobile No:	
E-Mail Address*:	
Web Site*:	
No. of Employees:	**Years in Operation:**

Do you want to receive information from Business Wangaratta either via your ❒ e-mail address or ❒ the post? ❒ **No**

Do you want the above information with an * included in our website database? ❒ **Yes** ❒ **No**

Declaration:

As a member of Business Wangaratta I agree to be bound by the Constitution and Rules of Association as set out by the Wangaratta Chamber of Commerce Inc.

Name:	Signed:	Date:

MEMBERSHIP FEES:
(All prices include GST)

1-19 Employees	**$149**	20+ Employees	**$249**
Local Association or Group	**$99**	Non-local Association or Group	**$99**
Business Wangaratta Supporter	**$99**	When submitted, this form becomes a	**TAX INVOICE**

PAYMENT METHOD: (Please tick a box)

❒ **CHEQUE** Write cheques out to: **Business Wangaratta**

❒ **DIRECT DEBIT** **BSB:** 013-870 **Account No.:** 452054368 **BANK:** ANZ

❒ **CREDIT CARD** Credit Card payments can be made via the **PayPal** website
Ref: payments@businesswangaratta.com.au

Amount Paid:
$_____. __

PLEASE FORWARD THIS FORM & YOUR REMITTANCE ADVICE TO:

Membership Committee, Business Wangaratta, P.O. Box 680, Wangaratta, Vic, 3676

Please email remittances to **payments@businesswangaratta.com.au** - Further enquiries should be made via **admin@businesswangaratta.com.au** or to 0448 394 252