



## MEMBERSHIP APPLICATION FORM

Business Name: .....

Contact Name(s): .....

Title/position: .....

Business Address: .....

.....

Postal Address (if different): .....

.....

Phone: ..... Mobile: .....

Fax: ..... Email: .....

Website: .....

I give permission for BCoC to publish my contact details on BCoC material

Signed: ..... Date: .....

Membership fee \$10 per month pro rata or \$120 pa renewal 1st January

Payment Method:  Cheque  Cash  Transfer

*If paying by cheque please make payable to Belling Chamber of Commerce (BCoC)*

### **Electronic Transfers**

Account Name: Belling Chamber of Commerce Inc.

BSB: Account : 704 328 149 884 *(add s11.1 if transferring from another BCU account)*

***Important: Please use your business name as reference***