Tax Invoice & Member Application Form

MOUNT GAMBIER CHAMBER OF COMMERCE

Business Name | Contact Name

Business Address

Postal Address

Type of Business

Date business began trading | ABN

Telephone | Facsimile

Mobile | Email

Information provided is subject to MGCOC Privacy Policy giving the Chamber and its sponsors the use of the information for business purposes.

Classification Groups

Classification 1	2 employees or less	**$90.00 p/a**
Classification 2	Between 3 and 8 employees	**$150.00 p/a**
Classification 3	Between 9 and 20 employees	**$180.00 p/a**
Classification 4	21 employees and above	**$250.00 p/a**

Subscriptions are payable for a period of twelve months from the date of this invoice This is a GST free service.

Enclosed is $ as my subscription for Classification Group **1** **2** **3** **4** *Please circle applicable*

Signed **Date** / /

Members paying by cheque should make payable to: Mount Gambier Chamber of Commerce

Direct Debit Payment: Mount Gambier Chamber of Commerce, National Bank, **BSB:** 085-756, **Acc#** 590782611
(Please include business name as reference when making payment)

Credit Card Payment: ☐ MASTERCARD ☐ VISA

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry /

Card Holders Name: **Signature:**

☐ Tick this box if you do not wish to have your business name associated with the Chamber in marketing and promotional materials.

CHAMBER USE ONLY ~ RECEIPT: **MEMBER #:** **MAILED:**

PO BOX 1334, MOUNT GAMBIER SA 5290 **ABN:** 45 008 989 234
EMAIL: admin@mountgambierchamber.com.au
President: Lynette Martin 0407 259 155; **Treasurer:** Kahli Rolton 0417 017 888, treasurer@mountgambierchamber.com.au