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

		Financial year
Classification 1	2 employees or less	**$100.00 p/a**
Classification 2	Between 3 and 8 employees	**$170.00 p/a**
Classification 3	Between 9 and 20 employees	**$200.00 p/a**
Classification 4	21 employees and above	**$280.00 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 ~ INVOICE: **RECEIPT:** **MEMBER #:** **MAILED:**

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