

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 MGCO C Privacy Policy giving the Chamber and its sponsors the use of the information for business purposes.

Classification Groups

Half year (pro rata)

Financial year

Classification 1	2 employees or less	\$50⁰⁰ p/a	\$100⁰⁰ p/a
Classification 2	Between 3 and 8 employees	\$85⁰⁰ p/a	\$170⁰⁰ p/a
Classification 3	Between 9 and 20 employees	\$100⁰⁰ p/a	\$200⁰⁰ p/a
Classification 4	21 employees and above	\$140⁰⁰ p/a	\$280⁰⁰ 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 mark 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:

EMAIL: treasurer@mountgambierchamber.com.au

ABN: 45 008 989 234

President: Hayley Neumann 0411 88 259 president@mountgambierchamber.com.au

Treasurer: Jane Read treasurer@mountgambierchamber.com.au