



**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 MGCOG 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	\$50 ⁰⁰ p/a	\$100 ⁰⁰ p/a
Classification 2	Between 3 and 8 employees	\$85 ⁰⁰ p/a	\$170 ⁰⁰ p/a
Classification 3	Between 9 and 20 employees	\$100 ⁰⁰ p/a	\$200 ⁰⁰ p/a
Classification 4	21 employees and above	\$140 ⁰⁰ p/a	\$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 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:

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:

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Treasurer: Jane Read treasurer@mountgambierchamber.com.au