



Chamber Alliance Program

Membership Opt-in

Local Chamber Member details

Your Local Chamber _____

Business name (**Applicant**) _____

ACN/ABN _____

Street address _____

Suburb _____ State _____ Postcode _____

Postal address (if different to street address) _____

Suburb _____ State _____ Postcode _____

Direct telephone (__) _____ Direct fax (__) _____

Website _____

Number of employees _____ Industry _____

Primary contact person

Mr/Mrs/Ms/Miss/Dr First name _____ Surname _____

Job title _____

Direct telephone (__) _____ Direct fax (__) _____

Mobile _____ Email _____

I am already a member of the NSW Business Chamber

NSW Business Chamber membership declaration

I, being the Applicant (or authorised by the Applicant) hereby apply for the Local Chamber Limited Membership of NSW Business Chamber ("**NSWBC**") as part of the Alliance with our Local Chamber (referred to above), and agree to be bound by the NSWBC constitution and terms and conditions as amended from time to time and available on the NSWBC website at www.nswbusinesschamber.com.au/termsandconditions.

I acknowledge and agree that our NSWBC membership benefits and entitlements are as set out in the Schedule to this application. I understand and agree that our membership of the NSWBC is for a period of 12 months and the renewal of our membership for further periods of 12 months each is subject to our Local Chamber renewing the Local Chamber Alliance Agreement with NSWBC each year and our business continuing to be a member of our Local Chamber. I understand and agree that our NSWBC membership benefits and entitlements may vary by agreement between the NSWBC and our Local Chamber.

Signature _____ Date ____ / ____ / ____

Print Name _____

> Call 13 26 96

nswbusinesschamber.com.au

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR LOCAL CHAMBER