



MEMBERSHIP APPLICATION

Business Name:

Contact Name(s):

Title/position:

Business Address:

Postal Address (if different):

Phone:

Mobile:

Email:

Website:

I give permission for BCoC to publish my contact details on BCoC material (eg website)

yes or **no**

Signed: Date:

Full Member Subscription = \$120 per 12 months

Associate Member Subscription = Free

Please complete, scan and email to coordinator@bellingenchamber.com.au
or mail to PO Box 394 Bellingen 2454

Once we receive and accept your application, we will send you a membership invoice.

Thank you.