Greater Dandenong Chamber of Commerce

ABN 69 593 381 786

TAX INVOICE

MEMBERSHIP FORM

I/We hereby apply for Membership of the Greater Dandenong Chamber of Commerce

The following information is required for the Membership Register:-

(PLEASE USE BLOCK LETTERS)

BUSINESS NAME : ……

BUSINESS ADDRESS:……

……

PO BOX ADDRESS:- ……**postcode**……

BUSINESS HOURS :……

TELEPHONE : ……**MOBILE:**……**FAX:**……. ……..

EMAIL ADDRESS:……..

AUSTRALIAN BUSINESS NUMBER (ABN) :……

CONTACT PERSON : ……

ADDITIONAL CONTACTS & EMAIL ADDRESSES:……

……

……

TITLE/POSITION IN BUSINESS :……

TYPE OF BUSINESS : What do you do/ What service do you provide etc……

……

……

NUMBER OF EMPLOYEES :……....

HOW INTRODUCED : MERGER / FUNCTION/ MARKETING/ MEMBER

PAYMENT OPTIONS

I/We enclose our cheque or debit the credit card to the value of ***(all prices are inclusive of GST)***

☐ **BRONZE M'SHIP $150** ☐ **SILVER M'SHIP $250** ☐ **GOLD M'SHIP $550**

Bankcard ☐ Visa☐ Mastercard ☐ Card no:- _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Cardholder Name: _____ Expiry Date _____

Signature:_____ *(Membership to **30-6-2006**)*

OFFICE USE **Date Received……** **Entered By……**

WEBSITE :- www.greaterdandenongchamber.org **EMAIL:-** greaterdandychamber@bigpond.com

PO BOX 7435 DANDENONG VIC 3175 **TEL: 9794 8881 FAX: 9706 9543**