



ABN 69 593 381 786

TAX INVOICE/RECEIPT

MEMBERSHIP FORM

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

The following information is required for the Membership Register:-

BUSINESS NAME:

BUSINESS ADDRESS:.....

.....

PO BOX ADDRESS:- **POSTCODE**.....

BUSINESS HOURS:.....

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

EMAIL ADDRESS:.....

AUSTRALIAN BUSINESS NUMBER (ABN):.....

CONTACT PERSON:

TITLE/POSITION IN BUSINESS :.....

ADDITIONAL CONTACTS & EMAIL ADDRESSES:.....

.....

.....

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)*

STANDARD MEMBERSHIP \$220.00 **PLATINUM MEMBERSHIP** \$620.00

Bankcard Visa Mastercard Card no:- _____

Cardholder Name: _____

Expiry Date _____

Signature: _____

(Membership to 30-6-2012)

OFFICE USE Date Received.....

Entered By.....

WEBSITE :- www.greaterdandenongchamber.com

EMAIL:- greaterdandychamber@bigpond.com

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