



# Montville Chamber of Commerce

ABN 42 637 112 642

## Membership Application Form

Membership Period: 1<sup>st</sup> July 2018 – 30<sup>th</sup> June 2019

Membership Category	Annual Fee	Member Benefits					
		General				Chamber Website	A Village Wedding Expo
		Invitation to Events	Vote at AGM	Receive Newsletter	Promotion on Facebook, Website and/or in Newspaper, for events that support Chamber Objectives	Contact details and link to your business website	Winter Wedding Expo Exhibitor Discount (half price for members)
<b>Full</b>	<b>\$125</b>	✓	✓	✓	✓	✓	✓
<b>Full for a second business</b> (same owner)	<b>\$75</b>		X	X	✓	✓	✓
<b>Group: Community</b> A NFP Community of Interest eg. MVA, Arts Connect etc.	<b>\$125</b>	✓ 1 rep only	X	✓ to one address only	✓	✓ Link to the group site, but not to individual member sites	✓
<b>Group: Networked Businesses</b> Group Membership Not Offered	X	X	X	X	X	X	x

Montville Chamber of Commerce

PO Box 253, Montville, Qld, 4560 Ph: 0477 822 975

E-mail: [info@montvillecommerce.com.au](mailto:info@montvillecommerce.com.au) Web: [www.montvillecommerce.com.au](http://www.montvillecommerce.com.au)



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I/we wish to **apply for** membership with the Montville Chamber of Commerce under the following categories. *(Please call Administration Officer to complete over phone if easier for you.)*

Please tick	Membership Category	Annual Fee
	<b>Full Membership</b> (one business only)	<b>\$125.00</b>
	<b>Full for a second business</b> (same owner)	<b>\$75.00</b>
	<b>Full for a third business</b> (same owner)	<b>\$75.00</b>
	<b>Group: Community</b> (A NFP community of interest eg MVA, Arts Connect, etc.)	<b>\$125.00</b>
	<b>Total Annual Membership:</b>	<b>\$</b>

Please note: you must be financial to be able to vote at any Chamber Meeting.

**Business Name:** .....

(If more than one business, please complete information on last page. Thank you.)

**ABN:** ..... **Business Phone:**.....

**E-mail:**..... **Website:**.....

**Facebook Page:** .....

**Business Address:**.....

Suburb: ..... State: ..... Post code: .....

**Postal Address:** .....

Suburb: ..... State: ..... Post code: .....

**Contact Person:** ..... **Mobile:** .....

**Position in Business:** .....

**Nature of Business/Industry:** .....

**Short Business Description:**

.....  
.....



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## PAYMENT DETAILS

I wish to pay by:

Cheque

Please make out to: Montville Chamber of Commerce and post to:  
PO Box 253, Montville, Qld, 4560 - ensuring this application is with it.

EFT/DD

Bank: BOQ BSB: 124-156 Ac No: 20187162  
Account Name: Montville Chamber of Commerce  
Ref: You **MUST** put your BUSINESS NAME or SURNAME in as reference or we  
won't know you have paid. Thank you.

Date Paid: ...../...../..... Receipt Number (if applicable): .....

Tax Receipt to be made out to: .....

Application Date: ...../...../..... Applicant's Signature:.....

**Please send your completed application with payment details to:**

Email: [info@montvillecommerce.com.au](mailto:info@montvillecommerce.com.au)

OR

Post: Montville Chamber of Commerce  
PO Box 253, Montville, Qld, 4560

**Please email any updated image or logo** that represents your business. We will use this image against your business listing on our website. You are more than welcome to send other images for our photo library that may be used for other purposes on the website or other publicity in the future (such as the newspaper.) Website: [www.montvillecommerce.com.au](http://www.montvillecommerce.com.au)

(Preferred image size: 200KB – 2MB)

Thank you.

The Chamber of Commerce looks forward to supporting you in business and providing opportunity for you to grow and prosper in the region.

Admin Only	
Paid:	CRS (website):
Receipt Sent:	Gmail:
Letter:	Entered by:
Duckmail / Mail Chimp:	MYOB:



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## ADDITIONAL BUSINESS (SAME OWNER)

(Please print as many copies as you need. One per business. Thank you.)

**Business Name:** .....

**ABN:** ..... **Business Phone:**.....

**E-mail:**..... **Website:**.....

**Business Address:**.....

**Suburb:** ..... **State:** ..... **Post code:** .....

**Postal Address:** .....

**Suburb:** ..... **State:** ..... **Post code:** .....

**Contact Person:** ..... **Mobile:** .....

**Position in Business:** .....

**Nature of Business/Industry:** .....

**Short Business Description:**

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**Please attach this form to your Membership Renewal Form, with payment.**

Thank you.