

Membership Application

Cairns Chamber of Commerce
 ABN 25 045 708 264
 Level 2, 51 The Esplanade (PO Box 2336), Cairns Qld 4870
 T: 07 4031 1838 F: 07 4031 0883 E: info@cairnsschamber.com.au



Member Details			
Business Name			
Trading As			
Description of Main Business Activity			
A.B.N.			
Phone		Fax	
Postal Address			
Suburb		State	Postcode
Business Address			
Suburb		State	Postcode
Website			
How did you hear about us?			

Contact Details		
Primary Contact	Name	Position
	Email	Direct Phone
Account Contact	Name	Position
	Email	Direct Phone

Annual Membership Fee		
<i>The total number of employees employed by your business includes all full-time and part-time staff.</i>		
	Total No. of Employees	Total Fee (inc GST)
<input type="checkbox"/>	1-3 Employees	\$190.00
<input type="checkbox"/>	4-9 Employees	\$270.00
<input type="checkbox"/>	10-20 Employees	\$325.00
<input type="checkbox"/>	21+ Employees	\$525.00

Employee Details			
<i>Complete employee contact details you wish to be included in our member database.</i>			
<i>Please indicate whether they are interested in Young Chamber activities.</i>			
			Young Chamber Interest
Name	Position		
Email	Direct Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Position		
Email	Direct Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Position		
Email	Direct Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Position		
Email	Direct Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Position		
Email	Direct Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Position		
Email	Direct Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Position		
Email	Direct Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Membership Application Continued

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Payment

Cheque Payable to 'Cairns Chamber of Commerce'

Credit Card Mastercard and Visa Accepted

Mastercard Visa

Card No: _____

Expiry Date: ____ / ____

Amount: \$ _____

Cardholder's Name: _____

Signature: _____

Electronic Funds Transfer (EFT)

Account Name: Cairns Chamber of Commerce

BSB: 034-612 Account No: 22-0210

Payment Reference: 'Your Business Name'

Send Remittances to E: info@cairnchamber.com.au F: 07 4031 0833

Declaration

I/We hereby apply to become a member of the Cairns Chamber of Commerce Inc (ABN 25 045 708 264) and have read and agree to the Disclaimer shown below. I/We acknowledge that by completing this application form I/we authorise the registration of my/our business as a member of the Cairns Chamber of Commerce.

Signature

Date

Name

Position

Membership Referral

Do you know of other businesses and individuals who would benefit from being a member of the Cairns Chamber of Commerce?

Business Name

Contact Name

Email

Business Name

Contact Name

Email

Business Name

Contact Name

Email

Return Completed Form

Return your completed Membership Application form and payment to our office by mail, email or fax.

Office Use Only

Date Received

Entered

Invoice No

Letter Sent

Disclaimer

1. Membership is confirmed once your completed application form and payment has been approved at the Management Committee meeting (held every second (2nd) Thursday of each calendar month).
2. Membership approval is at the discretion of the Management Committee.
3. Once membership has been approved, payment will be processed and an invoice and receipt will be issued to the primary contact. (Payment will not be processed until the application has been approved by the Management Committee).
4. Membership is valid until December of the current calendar year membership is approved.
5. Prior to your annual membership renewal (1 January) an invoice will be sent to the primary contact which is payable prior to the renewal date (1 January).
6. All annual membership renewal fees must be paid prior to 1 January of the next consecutive calendar year.
7. Membership may be cancelled or suspended if payment is not received within twenty-one (21) days of the membership renewal date (1 January).
8. Should you cancel your membership at any stage during your membership year; a refund will not be given.
9. Your membership is corporate and is non-transferable.
10. You must notify us of any changes to your contact details by letter, fax or email to ensure our membership benefits are available to you.
11. You agree to receiving information relevant to this membership in electronic format.
12. Changes to our annual membership fee structure will take effect on the date of your annual membership renewal.
13. We reserve the right to alter the services available to members at any given time.
14. Changes made to this Disclaimer are at the discretion of the Management Committee and may be made without prior written notice to existing members. Changes will be posted on the Cairns Chamber of Commerce website.