



# Chamber Alliance Partner Program Membership Opt-in

## Local Chamber member details

Your Local Chamber \_ **Shoalhaven Business Chamber** \_\_\_\_\_

Business name \_\_\_\_\_

ACN/ABN \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Postal address (if different to street address) \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Telephone Fax \_\_\_\_\_

Website \_\_\_\_\_

Number of employees \_\_\_\_\_

## Primary contact person

Mr/Mrs/Ms/Miss/Dr First name \_\_\_\_\_ Surname \_\_\_\_\_

Job title \_\_\_\_\_

Direct telephone ( \_\_\_ ) \_\_\_\_\_ Direct fax ( \_\_\_ ) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

I am already a member of the NSW Business Chamber

## Membership declaration/s Please tick

### Illawarra Business Chamber membership declaration.

I, being the Applicant (or authorised by the Applicant) hereby apply for "No Cost" Limited Membership of Illawarra Business Chamber as part of the Alliance with your Local Business Chamber and agree to be bound by its constitution as amended from time to time. I understand the constitution is on the website [www.nswbusinesschamber.com.au/termsandconditions](http://www.nswbusinesschamber.com.au/termsandconditions). For full terms and conditions of membership please visit [www.nswbusinesschamber.com.au](http://www.nswbusinesschamber.com.au).

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please fax form back to Shoalhaven Business Chamber Office on 4421 5152