

# Donnybrook Balingup Chamber of Commerce Inc.



ABN: 37 018 807 958

PO Box 426, Donnybrook WA 6239

PH: 0499 018 105 Email: [secretary@dbchamber.com.au](mailto:secretary@dbchamber.com.au)

[www.dbchamber.com.au](http://www.dbchamber.com.au)

## **MEMBERSHIP FORM**

I/we hereby apply for membership/renewal to the Donnybrook Balingup Chamber of Commerce. In the event of our nomination being accepted, I/we agree to abide by the Chamber of Commerce Constitution.

Business Name:	_____		
Company Name:	_____		
ABN:	_____		
Contact Name/s:	_____		
Business Address:	_____		
Postal Address:	_____		
Phone Number:	_____	Fax Number:	_____
Mobile Number:	_____	Website:	_____
Email	_____		

### **Membership**

Name of Representative : \_\_\_\_\_

Name of Representative : \_\_\_\_\_

***As per constitution: 5. (4) All firms, companies, corporations authorities, or associations must submit in writing to the Secretary, the name of the representative (S) or nominee (S) who are to act on their behalf at meetings etc. of the association. No firm, company, corporation, authority or association may have more than 2 nominees, and only one vote at any meeting.***

Chamber of Commerce		\$99.00	Annual Fee from 1 <sup>st</sup> July to 30 <sup>th</sup> June
Chamber of Commerce		\$49.50	Half yearly Fee from 1 <sup>st</sup> January to 30 <sup>th</sup> June

Please do not disclose our business contact information to third parties.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete this form and return it along with the appropriate membership fee to:

**Donnybrook Balingup Chamber of Commerce Inc**

PO Box 426

DONNYBROOK WA 6239

Cheques or money orders payable to Donnybrook Balingup Chamber of Commerce Inc.

Direct Deposit: BSB 633 000 / Acc. 149 739 567

The fee will be banked and a tax invoice will be issued once the application has been fully processed.

