

APPLICATION FORM

I/We apply for membership of the Onslow Chamber of Commerce and Industry Inc and agree to be bound by the Constitution of the Chamber

Date of Application: ABN:

Company Name:

Postal Address:

Street Address:

Phone:

Website:

NOMINATED COMPANY REPRESENTATIVE DETAILS

Name: Position:

Email:

Mobile:

ADDITIONAL EMAIL ADDRESSES FOR OCCI DISTRIBUTION LIST

Name:..... Email:

Name:..... Email:

MEMBERSHIP

0-5 staff: **\$140**

6-20 staff: **\$260**

20+ staff: **\$380**

PAYMENT

EFT: Commonwealth Bank

BSB #066 531

Account #101 63597

Please use company name as reference

Please return this form to OCCCI
via email accounts@onslowcci.com.au
or post PO Box 43, Onslow WA 6710

*On receipt of this application form you will
be sent a Tax Invoice for payment via EFT or
by Credit Card Online*

OFFICE USE ONLY

Invoice Number

Payment Received Introduction Email Sent

Updated Contacts Register Receipt & Membership Certificate Sent

PO Box 43, Onslow WA 6710

Phone: (08) 9184 6182

 OnslowChamberOfCommerce

www.onslowcci.com.au



ONSLow CHAMBER OF COMMERCE AND INDUSTRY