

## Shoalhaven Business Chamber Membership Application 2007/2008

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of your Business and services: \_\_\_\_\_

Are you a Home Based Business: \_\_\_\_\_

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

1 to 10	11 to 40	40 or above.	
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Why do you wish to join the Chamber?

<b>Networking</b>	<b>Educational</b>	<b>Social</b>	<b>Other</b>

Preferred method of receiving correspondence:

<b>Post</b>	<b>Email</b>	<b>Fax</b>

**Privacy:**

Do you object to your business name and contact details being included in a members directory.	<b>Yes</b>	<b>No</b>
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Would your business like to receive My Business Magazine through Shoalhaven Business Chamber? – 11 issues per year @ \$3.00 per issue (including postage and handling), \$33 per year subscription plus GST (heavily reduced from normal cost of \$5.95 per issue \$65.45 **without** postage costs)

<b>Yes</b>	<b>No</b>
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**Please note** – Membership covers only one representative to vote on any issues however additional representatives and guests are welcome at any meeting.

**Please complete application form and return:**

Shoalhaven Business Chamber Inc. PO Box 361 Nowra NSW 2541

T 02 4423 3582 F 02 4421 5152 E [sbc@shoalhaven.net.au](mailto:sbc@shoalhaven.net.au) W [www.shoalhavenbusinesschamber.com.au](http://www.shoalhavenbusinesschamber.com.au)