



WINGHAM  
CHAMBER OF  
COMMERCE

PO Box 25 Wingham NSW 2429 | ABN 132 844 650 47 | admin@winghamchamber.com.au

## Membership Application

I,

[FULL NAME OF APPLICANT]

Representing

[BUSINESS NAME 1]

[BUSINESS NAME 2]

Hereby apply to become a member of the Wingham Chamber of Commerce. In the event of my admission as a member, I agree to be bound by the current constitution of the association.

**Signature of Applicant**

**Date**

**Membership Type** [full details on website]

\$10 Community (Limited)

\$100 Business (Full)

Preferred payment method is by direct deposit to details below:

**Holiday Coast Credit Union**

**Wingham Chamber of Commerce**

**BSB: 721-000 Acc: 100011487**

### My Business Details are:

Business Type		
Contact 1:	Ph.	Email:
Contact 2:	Ph.	Email:
Business Address		
Business Postal Address		
Business Website		
Business Email		

**Please note:** Information supplied above will be used for the chamber's database and listed on the WCC website on the member directory page.

As a member of WCC, your details will be provided to the NSW Business Chamber [NSW BC] and you will automatically become an affiliate member. **If you do not wish to become an affiliate member of NSW BC, please select the check box below:**

I do not wish for my details to be provided to NSW BC

**This document becomes an invoice upon completion & receipt of payment.**

**Please copy and retain for your records.**



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## For completion by Chamber Executive...

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### Nomination Details

I,

[FULL NAME OF MEMBER]

, a member of the association, nominate the applicant for membership

Signature of  
Proposer

Date

I,

[FULL NAME OF MEMBER]

, a member of the association, second the nomination of the membership application

Signature of  
Secunder

Date

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### OFFICEUSE ONLY

Payment received date:

Ref:

Database updated:

Member acknowledgement issued: