

# Membership Application Form



We appreciate your interest in membership to the Melville-Cockburn Chamber of Commerce. Please complete the details on this form and return to:  
Melville-Cockburn Chamber of Commerce, Attention Wendy Mears Executive Officer  
PO Box 36, Applecross, 6953; or **fax to 9315 1522** (T: 9315 1533).

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company Name:		ABN:	
Trading as:			

Business Address:

Telephone:	
Facsimile:	

Postal Address:

Mobile:	
Website:	

	Family name	First Name:	Position Held:	Email Address:
Rep 1				
Rep 2				
Rep 3				
Rep 4				

**CLASSIFICATION OF BUSINESS:**  
I would like to be listed under the following categories in the Membership Directory:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Operating years in business: _____	No of Employees: _____
------------------------------------	------------------------

If you have been nominated by another MCCC Member please advise below:

Company/Business: _____	Name: _____
-------------------------	-------------

Signature of Applicant: _____	Dated: _____
-------------------------------	--------------

- Standard \$330.00**     
  **Corporate \$605.00**     
  **Indiv / NFP \$165.00**     
  **Youth \$99.00**

Certificate of Membership and New Members Package is presented upon joining.  
All applications for membership are submitted to the MCCC Executive Committee for approval.  
The applicant agrees to the constitution of MCCC, and to comply with the rules and regulations of the MCCC.

1. Please find enclosed cheque for \$ \_\_\_\_\_ payable to the Melville-Cockburn Chamber of Commerce
2. Please debit my: - Bankcard / Mastercard – Visa \$ \_\_\_\_\_

/ 
  / 
  /

Name of Authorised Person: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

<b>MCCC Administration ONLY</b>	Membership application has been approved/not approved.
MCCC President: _____	Date: _____

If not approved, please state reason why: