



South West Rocks Chamber Application

Your Local Chamber: **South West Rocks**

Business name (**Applicant**) _____

ACN/ABN _____

Street address _____

Suburb _____ State _____ Postcode _____

Postal address (if different to street address)

Suburb _____ State _____ Postcode _____

Direct telephone (_) _____

Website _____

Number of employees _____ Industry _____

Primary contact person

Mr/Mrs/Ms/Miss/Dr

First name _____ Surname _____

Job title _____

Direct telephone _____

Mobile _____ Email _____

Membership \$75

Opt Out Clause

NSW Business Chamber is working to unify the chamber movement in Australia and strengthen the voice of business. Members of South West Rocks Chamber will be opted in as no cost members of NSW Business Chamber under the Local Chamber Alliance Program upon joining or renewal. This membership will entitle you to additional services at no cost.

For further information on the benefits please contact the NSW Business Chamber Regional Manager Kellon Beard on 0427 767 246 or kellon.beard@nswbc.com.au
If you **do not** wish take up this offer then please tick the box.

I acknowledge and agree that our NSWBC membership benefits and entitlements are as set out in the Schedule to this application. I understand and agree that our membership of the NSWBC is for a period of 12 months and the renewal of our membership for further periods of 12 months each is subject to our Local Chamber renewing the Local Chamber Alliance Agreement with NSWBC each year and our business continuing to be a member of our Local Chamber. I understand and agree that our NSWBC membership benefits and entitlements may vary by agreement between the NSWBC and our Local Chamber.

Signature _____ Date ____ / ____ / ____

Print Name _____

Return to PO Box 317 South West Rocks NSW 2431