



Membership Application Form

I hereby apply for Membership of the Esperance Chamber of Commerce & Industry (Inc) and agree to abide by the Constitution and rules of the Chamber.

Applicant Details

Business Name: _____

Street Address: _____

Town: _____ **Postcode:** _____

Postal Address: _____

Town: _____ **Postcode:** _____

Contact Name: _____ **Position:** _____

Phone: _____ **Mobile:** _____ **Fax:** _____

Email: _____

Website: _____

ABN No: _____

Number of full time employees: _____

Membership Categories

(Please tick applicable category. Fees stated are inclusive of GST.)

- Individual or Not-For-Profit / Community Organisation \$99.00
- Small Business (employing 1-19 Full Time Equivalent) \$330.00
- Large Business (employing 20+ Full Time Equivalent) \$550.00
- Sole Trader (with no employees) \$220.00
- We will provide your contact details including key contact, name, phone number and email address to the *Chamber of Commerce and Industry WA*. If you do not want us to provide your contact details to the *Chamber of Commerce and Industry of WA* please let us know. **Please tick box to indicate your consent.**

Industry Categories

<input type="checkbox"/> Building & Construction	<input type="checkbox"/> Electrical	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Retail
<input type="checkbox"/> Commerce	<input type="checkbox"/> Engineering	<input type="checkbox"/> Leisure	<input type="checkbox"/> Tourism
<input type="checkbox"/> Communication	<input type="checkbox"/> General Services & Retail	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transport
<input type="checkbox"/> Earthworks	<input type="checkbox"/> Health	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Utilities
<input type="checkbox"/> Education & Training	<input type="checkbox"/> Hospitality / Accommodation	<input type="checkbox"/> Mining / Agricultural	
<input type="checkbox"/> Other:			

Company Profile

(Please provide a brief company description outlining the goods and services you provide)

General Membership benefits include:

- Lobbying, Advocacy and Representation with Key Stakeholders
- Lobbying, Advocacy and Representation with Local, State and Federal Government
- Support to promote your Business
- Opportunities for networking with other businesses in Esperance
- Regular Electronic Business Updates
- Promoted as an ECCI preferred supplier
- Free Business Mentoring Services
- Discounted tickets to the ECCI Business Awards Gala Presentation Night
- Discounted tickets to the ECCI Over the Horizon Business & Industry Forum
- Discounts on all ECCI events and training opportunities
- Access to CCI WA and Small Business Development Corporation services
- FREE Invitations to all ECCI 'Lunch with...' Networking Events

Signature: _____

Date: / /

Payment Options

Cheque:

Cheques should be made payable to the Esperance Chamber of Commerce and Industry (Inc.)

EFT:

BSB: 306-037 Account: 060 1411

IMPORTANT: When paying by EFT please ensure that you provide payee details

Credit Card:

Please charge \$ _____ to my Credit Card

Name on Card: _____

Visa Card Master Card

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Expiry Date: _____ / _____ _____

Signature of Cardholder

Contact Name & Number

Membership forms, together with your cheque or EFT payment details should be posted to:

Esperance Chamber of Commerce and Industry (Inc.) PO Box 817 ESPERANCE WA 6450