



## Membership Application

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

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Details (Brief description of the business): \_\_\_\_\_

\_\_\_\_\_

What would expect to achieve with the Chamber: \_\_\_\_\_

\_\_\_\_\_

By signing this application, I agree to abide by the Picton Chamber guidelines and By Laws, as per the constitution.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

Please make payment to the following account of \$80(eighty dollars)

IMB:

Picton Chamber of Commerce

BSB:641-800

Acc. No.027500896

Proposer must be a financial member of the Picton Chamber. All information herein will be confidential and only used for the Chambers Database and will not be disclosed to any third party.

*Office use only*

Date Payment received: \_\_\_\_\_

Date Entered to database: \_\_\_\_\_

Signed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

