



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: _____

