

## **Riverland West Chamber of Commerce**

P: 0499 097 240 • E: info@riverlandwestchamber.com.au • A: PO Box 381, Waikerie SA 5330

## **Membership Application Form**

Please complete this form by filling in all fields. Upon receipt of payment, you will receive a welcome pack via post or mail.

Please contact us with any enquiries at <a href="mailto:info@riverlandwestchamber.com.au">info@riverlandwestchamber.com.au</a> or 0499 097 240.

Company / Organisation name									
Trading name (if different)									
Contact Person									
Position									
ABN									
Number of FTEs (Full Time Equivalents)									
Po	Postal address								
St	Street address								
Business email									
Business phone								Date	
Social media links (Facebook, Instagram, Twitter etc)									
Website address									
	Business category  Accommod  Retail  Trade  Agriculture				<ul> <li>□ Automotive/mechanical</li> <li>□ Medical/Health</li> <li>□ Food &amp; Dining</li> <li>□ Sport &amp; Fitness</li> <li>□ Other (Please provide details below)</li> <li>□ Tourism</li> </ul>				
	Would you be interested in joining Business SA at a reduced price?		☐ Yes☐ I am already a full m☐ No thankyou		nember	Membership Fee (12 months from date of payment)	<ul> <li>□ Individual (no employees) \$100</li> <li>□ Not for profit organisation \$100</li> <li>□ Business (1 or more employees) \$200</li> </ul>		
	Payment methods		EFTPOS Cheque Deposit	Bank Depo		Account Name BSB: 105 048 Account Num Reference: N	<b>ber:</b> 04181	5 640	er of Commerce