

Membership Application Form

Please complete this form by filling in all fields.

Please contact us with any enquiries at info@riverlandwestchamber.com.au or 0499 097 240.

Company / Organisation name			
Trading name (if different)			
Contact Person			
Position			
ABN			
Number of FTEs (Full Time Equivalents)			
Postal address			
Street address			
Business email			
Business phone		Date Updated	
Social media links (Facebook, Instagram, Twitter etc)			
Website address			

Business category	<input type="checkbox"/> Accommodation	<input type="checkbox"/> Automotive/mechanical	<input type="checkbox"/> Medical/Health
	<input type="checkbox"/> Retail	<input type="checkbox"/> Food & Dining	<input type="checkbox"/> Financial/Banking
	<input type="checkbox"/> Trade	<input type="checkbox"/> Sport & Fitness	<input type="checkbox"/> Other <small>(Please provide details below)</small>
	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Tourism	
Would you be interested in joining Business SA at a reduced price?	<input type="checkbox"/> Yes	Membership Fee (12 months from date of payment)	<input type="checkbox"/> Individual (no employees) \$100
	<input type="checkbox"/> I am already a full member		<input type="checkbox"/> Not for profit organisation \$100
	<input type="checkbox"/> No thank you		<input type="checkbox"/> Business (1 or more employees) \$200

Payment methods	Please pay on invoice.
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Please email the completed form to info@riverlandwestchamber.com.au

or post to:- The Riverland West Chamber of Commerce,

PO Box 381 Waikerie SA 5330