

# *Malanda Chamber of Commerce Incorporated*

ABN: 21 775187518  
PO Box 560, MALANDA QLD 4885  
**www.malanda.info**

## **MEMBERSHIP APPLICATION/RENEWAL FORM**

To the Management Committee:

**I/We** wish to apply for **membership/renewal of membership** and agree to abide by the Operating Standards of the Chamber of Commerce.

**Please Print**

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

Name of Representatives: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed by: .....

Seconded by: .....

Application Endorsed: Date ..... President: .....

*Please forward this form together with payment of your membership fee to:*

*The Treasurer, Malanda Chamber of Commerce  
PO Box 560 MALANDA OLD 4885*

**Individual/Business Membership (2009- 2010 Year): \$55.00**

Cheques should be made payable to the Malanda Chamber of Commerce Inc.