

MEMBERSHIP APPLICATION FORM

	Please tick a box:	New Memb	ership L	Renev	wal
First Name	Last Name	Last Name (Dr, Mr, Mrs, Miss, M			Ms)
Title	Organization				
Address					
City	Postcode				
Telephone	Fax				
Mob	Email				
Website					
(Please tick which industry sector)					
Manufacturing Service	Government	Education	Genera	l Trading	
_					
Nature of your business/industry/pro	ofession/interest:				
Please tick a box below:					
Business \$250 (more than 10 em	oloyees)	Business \$150 (ι	ıp to 10 en	nployees)	
🗌 Individual \$80	1	Non Voting Stuc	lent \$30		
*Membership fees apply for the period from	the date of payment up until t	he end of the curre	ent financial	year.	
I hereby apply for membership of the	e Chinese Chamber of Com	merce of South	Australia	and agree	to
abide by the rules and guidelines of t	he Council. I understand t	hat the Chambe	er will resp	ect the pri	vacy
of my information.					
Signature:	Date:				
Method of Payment: Cheque/Credit	Card Credit Card:	Bankcard	□Visa	□Master	Card
			I	I	
Card Holder Name:	Expiry date: Signature:				
-	payable to Chinese Chamber		SA Inc.		
	ouger Street, ADELAIDE SA 50 ne: 08 8410 5838 Facsimile: 0				
		418 830 968			
Web: www.chinesech	namber.com.au Email: office	@chinesechambe	r.com.au		