



Member Information Sheet

Business Name _____

Address _____

Contact/Owner _____

Phone _____ Mobile _____

Email _____

Website _____ Facebook _____

Number of employees

1 to 10		11 or more	
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Business Category (Please tick one that applies)

Business Services		Alterations & Repairs		Automotive		Bakery	
Bank		Health & Beauty		Bookshop		Produce	
Café		Chemist		Discount/Variety		Electronics	
Employment Services		Footwear		Hair Salon		Health & Fitness	
Homewares & Gifts		Health Food		Ladies Fashion		Mens Fashion	
Legal Services		Licensed Venue		Liquor Store		Medical Services	
Newsagency		Optical		Pet Services & Supplies		Photography	
Real Estate Agent		Restaurant & Dining		Sport & Recreation		Supermarket	
Takeaway		Lotto Agency		Tattoo		Tours & Travel	
Other (Please Specify)							

Trading Hours

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
OPEN							
CLOSE							

Target Market _____

Are you interested in? (Please tick)

Traders Newsletter		Advertising Opportunities	
Becoming a committee member		Notification of General Members Events	
Participating in Traders Survey			

What is your preferred contact method? (Please tick)

Email to personal		Facebook Group		Email to Business	
Printed (Post/Hand Delivered)		Website		SMS	

How can the WCCII help your business?

Do you have any suggestions for future promotions or events?

Special Charge Scheme Membership

- I wish to become a member of the Association
- I support the purposes of the Association; and
- I agree to comply with the Association's rules

Signature of Applicant: _____ Date: _____

General Membership Application (in addition to the above details)

Why do you want to join the WCCII and what can you offer as a Member?

I, _____
(name and occupation)

of _____
(address)

request to become a General Member of the Westernport Chamber of Commerce & Industry Inc.

In the event of my admission as a Member, I agree to be bound by the rules of the Association and pay the required fees annually (set at the AGM), for the duration of my membership.

Signature of Applicant: _____ Date: _____

Office Use Only

I, _____ a member of the Westernport Chamber of Commerce & Industry Inc.,
(name)

nominate the applicant, who is personally known to me, for membership of the Association.

Signature of the Proposer: _____ Date: _____

I, _____ a member of the Westernport Chamber of Commerce & Industry Inc.,
(name)

second the nomination of the applicant, who is personally known to me, for membership of the Association.

Signature of the Seconder: _____ Date: _____