



Toowoomba Chamber of Commerce

MEMBERSHIP APPLICATION FORM

Business Name: _____

Position: _____

Email: _____

Postal Address: _____
 _____ Post Code: _____

Additional Contacts (to receive our newsletter):

Name: _____

Physical Address: _____
 _____ Post Code: _____

Position: _____

Email: _____

ABN: _____

Name: _____

Phone Number: _____

Position: _____

Email: _____

Email: _____

Web: _____

Name: _____

No. of full time employees: _____

Position: _____

Social Media (please tick):

Email: _____

Facebook

LinkedIn

Membership Levels

Owner/Operator (0 employees): \$185

Microbusiness (1-3 employees): \$370

Small/Medium (4-10 employees): \$525

Enterprise (11+ employees): \$785

Instagram

Twitter

Contact Details (primary contact):

Name: _____

Payment Details (back of form)



Toowoomba Chamber of Commerce

MEMBERSHIP APPLICATION FORM

Payment Details:

Credit Card

Bank Deposit

Payment Plan

(Contact our office for more details)

Credit Card Details:

Card Type (accepted cards):

Visa

Master Card

Card Holder's Name: _____

Card Number: _____

Expiry Date: _____ CVV: _____

Amount: _____

Chamber Bank Details:

Financial Institution: Heritage Bank

BSB: 638 070 Account: 10290044

Account Name: Toowoomba Chamber of Commerce

Chamber Contact Details:

Street Address: 353 Ruthven Street (access via Russell Street), Toowoomba, QLD 4350

Postal Address: PO Box 3629, Toowoomba QLD 4350

Website: www.toowoombachamber.com.au

Email: admin@toowoombachamber.com.au