

MEMBERSHIP APPLICATION FORM

Business Details:		
Business Name:		
Address:		
Suburb:	State:	Post Code:
Phone:	Email:	
Primary Representative:		
Secondary Representative:		
How many full time equivalent employees d	lo you have:	
How long has your business been		
operating in the Mount Isa region:		
Have you previously been a Member of Con		
North West/ Mount Isa Chamber of Comme	rce?	
Please describe your business: (What is yo	u elevator pitch)	
Have you attached a copy of your Capabilit	y Statement?	Yes / We Don't Have One

Membership Fees		
Business Size	Yearly Membership (includes GST)	
	Expires 31st August every year discounted prices apply by month of joining.	
1 Employee	\$200.00	
2 to 5 employees	\$300.00	
6 to 20 employees	\$500.00	
21 to 60 employees	\$800.00	
61 and over employees	\$1,000.00	

Once you have submitted your Membership Application, it will be sent to our Board of Directors for approval.

Once approved, an invoice will be issued via email. When payment has been received you will receive your membership pack and be added to our Membership base.