Nelson Bay & District Business Chamber Ltd

Tax Invoice
ABN 30 003 356 518
(Not registered for GST)

Invitation to Join

PLEASE FILL IN AND RETURN THIS FORM ALONG WITH YOUR PAYMENT TO
NELSON BAY & DISTRICT BUSINESS CHAMBER, PO BOX 6, NELSON BAY, NSW 2315
Ph 4984 4751 Fax 4984 4739 Email enquiries@baybusinesschamber.com.au

NAME OF BUSINESS_____

PROPRIETOR/MANAGER _____

BUSINESS ADDRESS_____

POSTAL ADDRESS (if different)_____

PH_____**FAX**_____**MOB**_____

EMAIL_____ **WEBSITE**_____

Link on Chamber website Requested: YES / NO **Email Newsletter: YES / NO**

TYPE OF BUSINESS_____

NUMBER OF EMPLOYEES INCLUDING OWNERS & PART-TIME STAFF_____
For the purpose of the fee structure a part time/casual employee's hours may be combined to equal one full time staff

SIGNATURE_____**DATE**_____**FEE DUE**_____

Name to appear on Name Badge_____
First Name Last Name Business Name.

Please circle **MAGNETIC / PIN CLIP** **Additional Badges can be ordered at $10 each**
Do you require additional badges?: **YES / NO** **Quantity:** _____

Name/s to appear on additional name badge_____

Number of employees	Full Year		¾ Year	½ Year	¼ Year
1-5	$73.00		$54.75	$36.50	$18.25
6-10	$126.00		$94.50	$63.00	$31.50
11-15	$152.00		$114.00	$76.00	$38.00
More than 16	$184.00		$138.00	$92.00	$46.00
Student	$31.00		$23.25	$15.50	$7.75
Retired Business person	$31.00		$23.25	15.50	$7.75
Not for Profit Organisation	$58.00		$43.50	$29.00	$14.50

Membership is based on the financial year. For applicants joining part way through the financial year, pro-rata fees are applicable.

¾ year if joining after 1 October ½ year if joining after 1 January ¼ year if joining after 1 April

PLEASE ADD $10 PER ADDITIONAL BADGE IF APPLICABLE

☐ I enclose cash amount of $_____ **OR** ☐ I enclose my cheque for $_____
or
☐ Please debit my MC/ VISA card number (Debit will be processed by Nelson Bay Town Management)

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date _____

Name on card_____ Amount _____

Signature _____

OFFICE USE ONLY
Date Received: _____ Chq/Cash amount: _____ Receipt sent: _____ Letter sent: _____
Bus ID:_____ Ind ID_____ CoC ID_____ Membership Expiry Date _____