



Albany Chamber of Commerce & Industry Inc.

## MEMBERSHIP CATEGORIES

### Full Membership

*Available to any entity with a commercial interest and current ABN. Acceptance is subject to ACCI Executive Committee approval. Businesses trading under separate ABN's require a separate application form & incur a full membership fee.*

**Annual Fee** - January to December \$345 inc GST

**Pro-rata Fee** - (when joining during the year) payment of \$28.75 inc GST p/month.

\$28.75 inc GST x \_\_\_\_\_ months = \$ \_\_\_\_\_

**Full members receive a monthly newsletter, ACCI emails, membership to CCIWA, member discounts, are entitled to four attendees at BAH and have voting rights in ACCI Executive Elections.**

### Sub Membership

*Available to additional businesses trading under the same ABN as a business with Full Membership.*

**Annual Fee** - January to December \$86.25 inc GST (25%)

**Pro-rata Fee** - (when joining during the year) payment of \$7.19 inc GST p/month.

\$7.19 inc GST x \_\_\_\_\_ months = \$ \_\_\_\_\_ x Number of Additional Trading Names \_\_\_\_\_ = \$ \_\_\_\_\_

**Sub members receive ACCI emails, member discounts and are entitled to one attendee at BAH but do not receive a monthly newsletter nor have voting rights in ACCI Executive Elections.**

### Associate Membership

*Available to either retired, semi-retired, or past members no longer operating their own business, and/or for individuals employed by a full ACCI member who wish to avail themselves of individual membership (eg a Real Estate Agent, Lawyer, Accountant, Banker etc.).*

**Annual Fee** - January to December \$172.50 inc GST (50%)

**Pro-rata Fee** - (when joining during the year) payment of \$14.38 inc GST p/month.

\$14.38 inc GST x \_\_\_\_\_ months = \$ \_\_\_\_\_

**Associate members receive a monthly newsletter, ACCI emails, member discounts and are entitled to two attendees at BAH but do not have voting rights in ACCI Executive Elections.**

### ACCI Sub-groups

*Please indicate if you would like more information or are interested in being a part of Great Southern Women.*

Please include me on the Great Southern Women mailing list.

PO Box 5273, ALBANY WA 6332  
P: 9845 7888 F: 9845 7877  
E: sales@albanyci.com.au  
W: www.albanyci.com.au



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## 2017 MEMBERSHIP APPLICATION FORM

(Please ensure you PRINT all information clearly and complete the details on the back of this form)

Registered Business Name: .....

Business Trading Name: .....  
(This is your membership name)

Additional Trading Name: .....  
(This is for sub members only, additional fees apply – refer to category description on reverse)

Additional Trading Name: .....  
(This is for sub members only, additional fees apply – refer to category description on reverse)

All Business Owners Names: .....

ABN: ..... Description of Business Operations: .....

Address: ..... Postcode: .....

Postal address: (If different) ..... Postcode: .....

Telephone: ..... Mobile: ..... Fax:.....

Email: ..... Website:.....

Business Facebook Page/s:.....

I, being OWNER / MANAGER, MR/MRS/MS/MISS/DR:.....  
(Please circle) (Please circle) (Please Print Name Clearly)

Apply for Membership of the Albany Chamber of Commerce & Industry Inc. (ACCI) and agree to abide by the ACCI Constitution and its rules of membership. I understand that Membership of the ACCI will entitle me to the full facilities and services available to Members. I give my permission for this information to be included on the ACCI's database and web page. I also acknowledge that membership will be renewed each consecutive year unless notified otherwise in writing to ACCI.

Signature: ..... Date: .....  
(Please ensure you complete the details on the back of this form)

### Payment Options

**Direct Deposit:** BSB: 066 500 Account Number: 002 921 82 *(please quote your trading name as reference)*

**By Post:** Send your cheque made payable to Albany Chamber of Commerce & Industry

**In Person:** By Cheque, Cash, EFTPOS or Credit Card

**Credit Card:** MasterCard, Visa, American Express, Diners

Card No: ...../...../...../..... Exp:...../.....

Name on Card: ..... Signature:.....

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