

**APPLICATION FOR MEMBERSHIP**

I/We apply for membership of the Carnarvon Chamber of Commerce & Industry (Inc) and agree to be bound by the Constitution of the Chamber.



Company Name \_\_\_\_\_

ABN \_\_\_\_\_

Postal Address \_\_\_\_\_

Street Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Facsimile \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Nature of Business \_\_\_\_\_ No Of Employees \_\_\_\_\_

**Nominated Company Representative Details**

Name \_\_\_\_\_ Position \_\_\_\_\_

Date \_\_\_\_\_

**Please forward to Carnarvon Chamber of Commerce, PO Box 655, Carnarvon WA 6701,  
fax details to 9941 2758 or email [admin@carnarvonchamber.org.au](mailto:admin@carnarvonchamber.org.au)**

**2012/13 ADVERTISING FORM**

Use this form to express interest in advertising in the next edition of the Gascoyne Business & Community Directory. This is not a formal order for advertising and you will have the opportunity to confirm your requirements.

You may also advise of new business, residential or community details on this form or by faxing 9920 8501 or emailing [production@marketcreations.com.au](mailto:production@marketcreations.com.au)

**EXPRESSION OF INTEREST IN ADVERTISING**

Date \_\_\_\_\_

Business \_\_\_\_\_

Postal Address \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Facsimile \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

Category/ies & size/s \_\_\_\_\_

Instructions/requirements \_\_\_\_\_

Contact Person \_\_\_\_\_ Position \_\_\_\_\_

Telephone \_\_\_\_\_

*Is your organisation a Member of the Carnarvon Chamber of Commerce & Industry (Inc)?*  Yes  No  
*(to receive members discount)*