

Kenilworth Chamber of Commerce Inc.

ABN: 61 800 256 706
PO Box 69, Kenilworth, Qld. 4574
Email: secretary@kenilworthchamber.org.au

MEMBERSHIP APPLICATION FORM

Please download and fill in the Application Form and return to Secretary, Kenilworth Chamber of Commerce Inc. either as a scanned document or by post – contact details above.

NOMINEE	
Name of business/organisation:	
ABN:	
Name of individual or representative of Nominee business/organisation:	
Street Address:	
Postal Address:	
Phone No.:	
Email:	

PROPOSER	
Name:	
<i>I, being a current financial member of the Kenilworth Chamber of Commerce Inc. nominate the Nominee stated above to be admitted as a member of the Chamber.</i>	
Signature:	
Date:	

SECONDER	
Name:	
<i>I, being a current financial member of the Kenilworth Chamber of Commerce Inc. second the nomination of the Nominee stated above to be admitted as a member of the Chamber.</i>	
Signature:	
Date:	

DECLARATION	
<i>I, as the Nominee/Nominee representative, agree to be nominated to membership of the Kenilworth Chamber of Commerce Inc. and to abide by the rules of its constitution.</i>	
Name: (print)	Signature:
Date:	