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

representative of Nominee business/ organisation: Street Address: Postal Address: Phone No.: Email: PROPOSER Name: 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. Signature: Date: SECONDER Name: 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. Signature: Date: DECLARATION 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.	Name of business/organisation: ABN: Name of individual or		
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Date:	Date:		