Membership Application Form

Organisation Details

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | | |
| Trading Name |  | | |
| Postal Address*incl Postcode* |  | | |
| Street Address*incl Postcode* |  | | |
| Business Phone |  |  |  |
| Email |  |  |  |

Personal Contact Primary Contact Accounts Contact

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Position |  |  |
| DDI |  |  |
| Mobile Phone |  |  |
| Email |  |  |

Additional Contact– to receive database mailouts

|  |  |  |
| --- | --- | --- |
| Name | Email | Position |
|  |  |  |

Sector Information *Please tick appropriate box/es*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agriculture,hunting, fishing |  | Finance, insurance |  | Property, business services |  |
| Accom, cafes, restaurants |  | Govt, administration, defence |  | Personal, other services |  |
| Construction |  | Health, community services |  | Retail trade |  |
| Communication services |  | Mining |  | Tourism attractions, services |  |
| Electricity, gas, water |  | Manufacturing |  | Transport, storage |  |
| Education |  | Other cultural, recreational services |  | Wholesale trade |  |

Business Package *Please tick appropriate boxStaff = 1 Full Time Employee*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Not for Profit | $150incl GST |  | 12-29 staff | $400incl GST |  |
| 1-2 staff | $220incl GST |  | 30-50 staff | $630incl GST |  |
| 3-5 staff | $290 incl GST |  | 51-300 staff | $795incl GST |  |
| 6-11 staff | $322 incl GST |  | Over 300 staff | Contact Chamber |  |

MEMBERSHIP CARDS REQUIRED:

Payment Method: Cheque Invoice (*payable within 10 days*)

Authorisation

I authorise the Rotorua Chamber of Commerce to collect, retain and use personal information about our business (details provided above) and to distribute that information to other persons for the purpose of:

1 The ordinary business and activities of the Rotorua Chamber of Commerce and its associates including the facilitation of networking between members.

2 The marketing of goods and services as provided by other members, our alliance partners and/or outside bodiesor  
persons as approved by theExecutive or persons as approved by the Executive.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only: Membership NUMBER: …………………………… Invoice No: ……………………………… PIVOTAL: ………………. XERO ………………... PAID ………..……… DATABASE ………..……… FACEBOOK…………………. March 2015