



ST HELENS & DISTRICTS CHAMBER OF COMMERCE AND TOURISM INC.

P.O. BOX - 277, ST HELENS, TASMANIA, 7216.

Application Form For Membership

I,

of (Business Name)

ABN:

Address:

Postal Address:

Phone: Business..... Fax.

Mobile: After Hours:.....

Email:

Fee \$126.00 to be included with application

Enclose business card if available.

Signed: Date:

Office Use Only

Nominated by: Signature:

Seconded by: Signature:

Presented to Committee on:

Applicant Notified on: Entered in Register on: