



Date: _____

MEMBERSHIP APPLICATION FORM

Company Name: _____

Postal Address: _____

Physical Address: _____

Phone: _____ **Fax:** _____

Post Code: _____ **www:** _____ **Years in Business:** _____

Industry Category: _____ **Type of Work:** _____

Geographical Area: _____ **No. of Employees:** _____

Principal Contact: _____ **Mobile:** _____

Position: _____ **Email:** _____

Referred to Waikato Chamber of Commerce by:

Payment Option <i>(Please indicate)</i>	Cheque Enclosed - Payable to: Waikato Chamber of Commerce & Industry Inc		
	Direct Credit - Westpac Hamilton 03 0318 0647 154-00		
	Automatic payment/Direct Debit options available		
	Contact the Chamber for more details <i>(Conditions apply)</i>		
Visa	Mastercard	Card No:	_____
Name on Card:	_____	Expiry Date:	_____ Amount: \$ _____
Fees are as follows:	Category A:	1-5 employees	\$281.25 inc GST
	Category B:	6-10 employees	\$309.38 inc GST
	Category C:	11-20 employees	\$421.88 inc GST
	Category D:	21-30 employees	\$506.25 inc GST
	Category E:	31-40 employees	\$675.00 inc GST
	Category F:	41+ employees	\$843.75 inc GST

Note: Your membership will be activated and a GST receipt will be issued once payment has been received

Your membership with the Chamber of Commerce will provide **BIG** savings on petrol/diesel at **SHELL**, liquor - wine/spirits at **LIQUORKING**, office products at **OFFICEMAX**, motor vehicles at your local **FORD** dealer, telecommunications with **VODAFONE**, and more. To maximise your membership benefits we share your information with NZ Chamber Alliance Partners.

Chamber membership is a benefit to all your team. Encourage everyone in your organisation to b-ahead and use your membership card to receive savings available to you through the Chamber.

[Additional b-vital cards are available at \\$10.00 per card](#)

ADDITIONAL CONTACTS

Contact 1:	_____	Email:	_____
Position	_____		_____
Contact 2:	_____	Email:	_____
Position	_____		_____
Contact 3:	_____	Email:	_____
Position	_____		_____
Contact 4:	_____	Email:	_____
Position	_____		_____
Contact 5:	_____	Email:	_____
Position	_____		_____
Contact 6:	_____	Email:	_____
Position	_____		_____
Contact 7:	_____	Email:	_____
Position	_____		_____
Contact 8:	_____	Email:	_____
Position	_____		_____

Please indicate which channels you would like to receive information from the Waikato Chamber of Commerce

<input type="checkbox"/>	Westpac Waikato Business Excellence Awards
<input type="checkbox"/>	b-connected: Business Women's Network
<input type="checkbox"/>	b-fit: Chamber Training
<input type="checkbox"/>	b-informed: Chamber Newsletter
<input type="checkbox"/>	b-connected: Events
<input type="checkbox"/>	b-heard: Supporting Business
<input type="checkbox"/>	b-global: Import/Export
<input type="checkbox"/>	b-ahead: Member Promotions

*Please ensure all members of your organisation are listed on the additional contacts list as everyone within your organisation is entitled to attend all Chamber functions and receive all membership benefits.
 We hereby acknowledge that a key function of the Waikato Chamber of Commerce is to disseminate information and email messages will be sent within anti-spam legislation limits.
 (The option to opt out of receiving emails is available with every email sent)*

Authorised By: _____

Authorised Signatory: _____