

## MEMBERSHIP APPLICATION

### Business Details (these details may be published as part of the GCCCI membership list)

Business Name:			
Business/Office Address:			
Postal Address:			
Nominated representative 1:		Email:	
Nominated representative 2:		Email:	
Office Phone:		Mobile:	
Website:			
Description of business activity/ specialisation:			

### GCCI Subscription including the BUY LOCAL Campaign (plus GST ) Annual fee

- |   |  |
|---|--|
| <input type="checkbox"/> Sole Traders (\$110)                 | <input type="checkbox"/> Business – 1 to 5 employees (\$225)   |
| <input type="checkbox"/> Business – 6 to 20 employees (\$260) | <input type="checkbox"/> Business – 21 to 99 employees (\$330) |
| <input type="checkbox"/> Business – 100+ employees (\$440)    |  |

### Acknowledgement

I/We hereby apply for membership of the Gladstone Chamber of Commerce & Industry Inc. for this financial year. I/We agree to the listing of our general business details (above) as Members of the Gladstone Chamber of Commerce and Industry Inc. I/We understand that as a member of the Gladstone Chamber of Commerce & Industry Inc. we are committed to supporting the Chamber and its activities.

Signature:		Date:	
------------	--	-------	--

GCCI host regular networking meetings. To showcase local businesses we offer hosting to our members. Please tick if you would like to host a GCCCI network meeting.

- Yes                       No                       Unsure

GCCI has a Members Database listed on their website. Please tick if you approve of your business's name and description being included on that database.

- Yes                       No                      |

GCCI has a Member of the Month initiative. One member is selected at random each month to be featured in the monthly newsletter and social media pages. Please tick if you approve of your business's name and description being included in the selection.

- Yes                       No                       Unsure

Privacy Statement: The GCCCI respects the personal information provided by you on this application in the delivery of the stated objectives of the GCCCI to member businesses. The GCCCI abides by the National Privacy Principles to ensure the security of your personal information.

### Office Use

Nominated by:		Seconded by:	
Date of approval:			

**PLEASE DO NOT SEND PAYMENT, GCCCI WILL INVOICE**

Email application to [membership@gccci.com.au](mailto:membership@gccci.com.au) or fax (07) 4978 2704  
or give to any GCCCI Committee Member