

APPLICATION FOR MEMBERSHIP



I/We apply for membership of the Esperance Chamber of Commerce & Industry (Inc) and agree to be bound by the Constitution of the Chamber.

Company Name _____

ABN _____

Postal Address _____

Street Address _____

Business Telephone _____ Mobile _____ Facsimile _____

E-mail _____ Website _____

Nature of Business _____ No Of Employees _____

Nominated Company Representative Details

Name _____ Position _____

Date _____

Please forward to ECCEI, PO Box 817, Esperance WA 6450,
fax details to 9072 1693 or admin@esperancececci.com.au

2013 ADVERTISING FORM



Use this form to express interest in advertising in the next edition of the Esperance Business & Community Directory. This is not a formal order for advertising and you will have the opportunity to confirm your requirements.

You may also advise of new business, residential or community details on this form or by faxing 9072 1693 or emailing admin@esperancececci.com.au

EXPRESSION OF INTEREST IN ADVERTISING

Date _____

Business _____

Postal Address _____

Street Address _____

Telephone _____ Mobile _____ Facsimile _____

E-mail _____ Website _____

Category/ies & size/s _____

Instructions/requirements _____

Contact Person _____ Position _____

Telephone _____

Is your organisation a Member of the Esperance Chamber of Commerce & Industry (Inc)? (to receive members discount) _____

Other discounts are available.

LISTINGS CHANGE

Business Listings

Residential Listings

Community Listings

Business/Name _____

Contact Name _____

Address _____

Telephone _____ Mobile _____ Email _____

Please forward to ECCEI, PO Box 817, Esperance WA 6450,
fax details to 9072 1693 or admin@esperancececci.com.au