

MEMBER APPLICATION FORM | **2018/2019**

BUSINESS DETAILS	
BUSINESS NAME:	
BUSINESS ADDRESS:	
SUBURB:	
STATE:	
POSTCODE	
PHONE:	
BEST EMAIL:	
SECOND EMAIL:	
HOW MANY FULL-TIME EMPLOYEES DO YOU HAVE?	
HOW LONG HAS YOUR BUSINESS OPERATED IN THE MOUNT ISA REGION?	
ARE YOU A PREVIOUS MEMBER OF COMMERCE NORTH WEST?	

PLEASE DESCRIBE YOUR BUSINESS (ELEVATOR PITCH):

PLEASE ATTACH YOUR CAPABILITY STATEMENT: YES / I DON'T HAVE ONE

MEMBERSHIP CATEGORIES		
BUSINESS SIZE (Full Time Only)	YEARLY FEE (EX GST)	SELECT ONE
1 EMPLOYEE	\$200	
2 TO 5 EMPLOYEES	\$300	
6 TO 20 EMPLOYEES	\$500	
21 TO 60 EMPLOYEES	\$800	
61 AND OVER EMPLOYEES	\$1,000	

ONCE YOU HAVE COMPLETED AND SUBMITTED YOUR MEMBER APPLICATION FORM TO MANAGER@COMMERCENORTHWEST.COM.AU IT WILL BE SENT TO OUR BOARD OF DIRECTORS FOR APPROVAL.

ONCE APPROVED, AN INVOICE WILL BE ISSUED VIA EMAIL. WHEN PAYMENT IS RECEIVED YOUR MEMBERSHIP INFORMATION WILL BE ADDED INTO OUR SYSTEM AND MEMBERSHIP PACK WILL BE SENT OUT.