

MEMBERSHIP FORM



Once completed please email to alice@mcoc.org.nz

Trading Name:

Legal Name:

Postal Address:

Physical Address:

Website:

Number of FTE Staff:

Business Phone:

| FTE Staff | Annual Membership (excl GST) |
|------------------------------------|------------------------------|
| <input type="checkbox"/> 1 - 10 | \$329.00 |
| <input type="checkbox"/> 11 - 25 | \$485.00 |
| <input type="checkbox"/> 26 - 50 | \$635.00 |
| <input type="checkbox"/> 51 - 100 | \$1,110.00 |
| <input type="checkbox"/> 101 - 200 | \$1,580.00 |
| <input type="checkbox"/> 200 + | \$2,355.00 |
| <input type="checkbox"/> NFP | \$50.00 |
| <input type="checkbox"/> Charity | \$50.00 |

Reasons for joining the Chamber:

| | |
|--|---|
| <input type="checkbox"/> Advocacy/Lobbying | <input type="checkbox"/> Events |
| <input type="checkbox"/> Business Awards | <input type="checkbox"/> Training |
| <input type="checkbox"/> Recommended | <input type="checkbox"/> International Business |
| <input type="checkbox"/> Discounts | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Promotion | |

Recommended by:

Nature of Business:

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Education | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sponsors |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Engineering | <input type="checkbox"/> IT | <input type="checkbox"/> Tiling & Carpet |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Export | <input type="checkbox"/> Legal | <input type="checkbox"/> Tourism & Travel |
| <input type="checkbox"/> Bank – Finance - loans | <input type="checkbox"/> Food – café etc | <input type="checkbox"/> Machinery – repairs | <input type="checkbox"/> Trades electrician/painter etc |
| <input type="checkbox"/> Building/Construction | <input type="checkbox"/> Food Production | <input type="checkbox"/> Marine Farming | <input type="checkbox"/> Vehicle Sales/Repairs |
| <input type="checkbox"/> Business Awards | <input type="checkbox"/> Graphic Art | <input type="checkbox"/> NZTE Training | <input type="checkbox"/> Venue |
| <input type="checkbox"/> Business help/Training | <input type="checkbox"/> Health | <input type="checkbox"/> Primary Industry | <input type="checkbox"/> Vet Animal Health |
| <input type="checkbox"/> CBD | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Vineyard |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Retail | <input type="checkbox"/> Waste Management |
| <input type="checkbox"/> EA/PA | <input type="checkbox"/> Importer | <input type="checkbox"/> Small Business | <input type="checkbox"/> Winery |

Other (Please State):

Would you like to offer Chamber Members a savings?

If Yes, please give details:

We can provide your business details to alliance partners, and other members.

Please tick the partners that you authorise us to provide these to:

- Z - Fuel Savings
- Vodafone - Telecommunication Savings
- Noel Leeming - Appliance Savings
- Westpac - Merchant Services
- Office Max - Office Product Savings

Payment Method: (Please tick)

- Direct Credit
- Credit Card via our website
- Cheque
- Direct Debit - a direct debit form will be sent to you to complete

In accordance with the Privacy Act 1993, please advise if you wish to remain private and tick here

The collection of this information will be for Marlborough Chamber of Commerce use and will be placed onto the membership database and website.

By joining the Marlborough Chamber of Commerce, you agree to the conditions below:

I / we agree to be bound by the rules and by-laws of the Chamber.

Membership will not be valid until subs are paid in full (unless paying by DD, in which case please request the Direct Debit form from Alice - alice@mcoc.org.nz).

Subscriptions are annual and commence from the 1st of the month you requested to join in.

The Marlborough Chamber of Commerce communicates member information and newsletters via email. If you do **NOT** wish to receive emails from us, please tick here

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Member to Sign

Signed: _____

Name: _____

Position: _____ Date: _____

Staff Details

Key Contact Name:

Position Title:

Email:

Mobile/DDI:

Chamber Groups which you would like to be part of:

- | | | | |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> EA/PA | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Export / Import |
| <input type="checkbox"/> BA5 | <input type="checkbox"/> Food – café etc | <input type="checkbox"/> IT | <input type="checkbox"/> NZTE Training |
| <input type="checkbox"/> Business help/Training | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Trades electrician/painter etc |
| | | | <input type="checkbox"/> Women in Business |

Young Chamber – DOB required:

Other (please specify):

Membership Card Required: Yes / No

Staff Member Name:

Position Title:

Email:

Mobile/DDI:

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- | | | | |
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| <input type="checkbox"/> Administration | <input type="checkbox"/> EA/PA | <input type="checkbox"/> Hospitality | <input type="checkbox"/> NZTE Training |
| <input type="checkbox"/> BA5 | <input type="checkbox"/> Food – café etc | <input type="checkbox"/> IT | <input type="checkbox"/> Trades electrician/painter etc |
| <input type="checkbox"/> Business help/Training | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Women in Business |

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Membership Card Required: Yes / No

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Mobile/DDI:

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