



PO Box 273
Apollo Bay
VIC 3233

Apollo Bay Chamber of Commerce Inc - Membership Form

Surname:

Given Names:

Address:

Phone Number:

Mobile Number:

Email Address:

Business Name:

Business Type:

Membership Type: Individual/Business

I support the purpose of the organisation:

To foster a professional and collaborative business sector and to promote the economic wellbeing of Apollo Bay and surrounding area.

Signed:

Dated:

Membership is \$20 per annum and can be paid by cheque or EFT to:

BSB: 633000

Account: 154 499 487

