

Membership Form

Business Name _____

Contact Person _____

Position _____

Street Address _____

_____ Post Code _____

Postal Address
(if different) _____

_____ Post Code _____

Business Phone _____

Business Fax _____

E-mail _____

Website _____

Mobile _____

After hours _____

Membership can include entry into the Avoca Beach Guide and entry on
www.avocabeach.org,

Guide θ Website θ

Membership is for a financial year

Please send application to

Avoca Beach Chamber of Commerce
Membership
P.O. Box 26
AVOCA BEACH NSW 2251