



**Strathalbyn
District
Commerce
Association**

ABN 80 936 321 175

Membership application 2010 / 2011

Completed forms can be posted to PO BOX 645 Strathalbyn SA 5255

BUSINESS NAME: _____

CONTACT NAME: _____

CONTACT DETAILS

STREET ADDRESS: _____

Town: _____ Post Code: _____

POSTAL ADDRESS: _____

If different than above

Town: _____ Post Code: _____

EMAIL: _____ **MOBILE:** _____

WEB: _____ **PHONE:** _____

SIGNED: _____ **FAX:** _____

DATE: ____/____/____

Membership Fee	\$100.00
Business Donation to "Christmas where the Angus Flows" 2010	\$
Total Payment	\$

Payment by cheque accompanies this form.
Payable to Strathalbyn District Commerce Association

Payment made by direct deposit to - BSB 085921 Account 799694321 NAB
Business name must be entered in the reference field. Post or fax form to 85 363471

OFFICE USE ONLY

Membership Number

Payment Received in full on ____/____/____ signed _____

Receipt Number _____

Application input to database by _____ on ____/____/____

Signed _____