

## APPLICATION FOR MEMBERSHIP

<b>Applicant</b>			
Name:			
Postal Address:			
Contact Person:			
Title / Position:			
Email Address:			
Tel:	(Work)	(Home)	(Mobile)
Fax:	(Work)	(Home)	

<b>Type of Membership</b>			
Business Membership (25 staff or more)	<input type="checkbox"/>	A\$350.00 incl. GST	
Business Membership (fewer than 25 staff)	<input type="checkbox"/>	A\$250.00 incl. GST	
Individual Membership (within 200km of Sydney)	<input type="checkbox"/>	A\$100.00 incl. GST	
Individual Membership (more than 200km from Sydney)	<input type="checkbox"/>	A\$25.00 incl. GST	

The Applicant hereby applies to become a member of the Finland Australia Chamber of Commerce, Inc. The Applicant agrees to be bound by the rules of the Chamber for the time being in force.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Website and Email**

Tick if you wish NOT to be listed as a Member on the [www.finland.com.au](http://www.finland.com.au) website.

Tick if you wish NOT to receive by e-mail material from the Chamber, including newsletters and other information about events and activities related to the association.

**Payment Details**

Payment of membership fees can be made by cheque, credit card or direct deposit to the Chamber's bank account.

I / We enclose my cheque/money order for A\$\_\_\_\_\_ payable to Finland Australia Chamber of Commerce, Inc.

I / We have deposited the amount of A\$\_\_\_\_\_ into the Chamber's bank account (Westpac Banking Corporation, BSB 032-055, Account No. 72-9612)

Please charge the amount of A\$\_\_\_\_\_ to the following Mastercard / Visa account:

Card Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

If paying by credit card, the cardholder must sign below

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please provide a tax invoice / receipt for my payment



(incorporated under the Associations Incorporation Act 1984)  
PO Box 1123, Manly NSW 1655  
ABN 45 186 844 509

**Information about you**

To help the Chamber provide member services, we would like some basic information about you.

**Interests**

What do you hope to get out of being a member of the Chamber? Please tick as many as apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Networking                        | <input type="checkbox"/> Education/Information        |
| <input type="checkbox"/> Marketing (via FACC Website)      | <input type="checkbox"/> Lifestyle Events             |
| <input type="checkbox"/> Marketing (via FACC Publications) | <input type="checkbox"/> Special Deals and Incentives |
| <input type="checkbox"/> FACC Committee Membership         | <input type="checkbox"/> Other _____                  |

**Your Business** (Business Members only)

Tick the box that best describes your industry. Please tick one box only.

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture, Forestry and Fisheries       | <input type="checkbox"/> Legal, Accounting and other Professional Services |
| <input type="checkbox"/> Banking and Insurance                     | <input type="checkbox"/> Manufacturing                                     |
| <input type="checkbox"/> Building and Construction                 | <input type="checkbox"/> Mining  |
| <input type="checkbox"/> Education                                 | <input type="checkbox"/> Property  |
| <input type="checkbox"/> Government                                | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> Health and Community Services             | <input type="checkbox"/> Tourism   |
| <input type="checkbox"/> Import / Export                           | <input type="checkbox"/> Transport   |
| <input type="checkbox"/> Information Technology and Communications | <input type="checkbox"/> Other _____                                       |

If you wish, describe your business. Please try to keep the description brief.

**Privacy Information**

The Chamber collects, holds and uses the personal information provided by the Applicant in this application for membership to process the application, to provide member services to the Applicant and to properly administer the Chamber's affairs. If the Applicant does not give the information requested in this application for membership, the Chamber may not be able to process the application or properly provide member services to the Applicant.

If the Applicant's application for membership is accepted, some of the Applicant's personal information (name, address and other contact details) will be placed on a register of members which is open for inspection by members of the public in accordance with the Associations Incorporations Act 1984 and listed on the Chamber's website. The Applicant's personal information may also be shared with the Chamber's service providers. The types of service providers that may receive personal information and the circumstances in which the personal information may be used are:

- organizers of events held for or at the request of the Chamber for the purposes of publicizing and promoting the events;
- printers and other companies for the purposes of preparing and distributing newsletters, correspondence and other information to the members for or on behalf of the Chamber; and
- legal and accounting firms, auditors, and other advisers for the purpose of administering the Chamber's affairs.