

Membership Request Form

Australia Africa Chamber of Commerce Incorporated Please use **BLOCK** letters and a black or blue pen to complete this form. Once **COMPLETE** send the form to email address <u>aacc@australiaafrica.com</u> or alternatively post this form to: Australia Africa Chamber of Commerce Inc, International Chamber House, Level 5, 121 Exhibition Street, Melbourne, VIC, 3000 Section 1 Contact details Member number Member name Phone (business hours): Email: Preferred contact Phone Email method: **Section 2 Applicant details** New Membership application Membership renewal (for existing Members) Indicate the type of Membership you are applying for (or renewing if you are an existing Member): Corporate (Yearly subscription fee of \$500) Individual (Yearly subscription fee of \$125) Associate (Yearly subscription fee of \$50) Corporate Members have one vote only and must nominate at least one person and up to five persons who must each complete a Membership Request Form.

Section 3 Application address and payment details

Please note that all payments are to be made online at <u>australiaafrica.com/membership</u>.

Registered / postal address

Address:	
Suburb:	
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Country:

Associate Members are students and/or interns. Please note the Australia Africa Chamber of Commerce Incorporated Membership year is from 1 July to 30 June.

Section 4 Application declaration

Post code

Describe why you wish to join the Australia Africa Chamber of Commerce Incorporated (brief description on what you wish to achieve by joining)

Do you support the purposes of the Australia Africa Chamber of Commerce Incorporated and agree to comply with the Rules of Association.

No

Section 5 Signatures				
All applicant signatories must sign below.				
I declare that I am authorised for and on behalf of the and the information provided in this application (incl				lication,
Signature of Applicant 1 / Director		Signature of Applicant 2 / Director / Company Secretary		
X		X		
Given name(s) and surname		Given name(s) and surname		
Date://		Date:		
Please note: If signed under a Power of Attorney, the no notice of revocation of that power has been receivertified copy of the Power of Attorney must be proved.	ved. An original or		Common Seal	
previously. Company applications must be signed in constitution. Sole signatories signing on behalf of a cothat they are signing as sole director and as sole secret.	accordance with their ompany must confirm	SIGN HERE		
Section 6 Company overview / profile (for c	orporate applications)			
Describe the business in which you operate (brief	description)			
Type of organisation				
Commercial Education	Industry Development	Government	Other	
Indicate the type of industry:				
Indicate the ownership structure:				
Private Public	Government			
ls your organisation currently exporting?				
Yes No				
For how many years?				
In which Country/Region(s) is your organisation curr	ently doing business in.			
Please indicate industry sectors of interest:				
Agriculture Architecture	Financial Services	Healthcare	Logistics & Supply Chain	
Property Technology	Fintech	Defence	Tourism & Hospitality	
Infrastructure Engineering	Education	Clean Energy	Legal & Intellectual Property	
Import / Export Artificial Intelligence	Natural Resources	Transport	Other (Please specify)	