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'LOCAL BUSINESSES BUILDING LOCAL BUSINESS'

APPLICATION FOR MEMBERSHIP

Membership: Application Renewal Transfer Date: _____

Applicant's Name: _____ Position/Title: _____

Business Name: _____ Year Started : _____

Business Address : _____

Business Tel: _____ Business Fax : _____

Mobile : _____ Home No. : _____

E-mail : _____ Website : _____

Business Category: _____ Description of Business : _____

Experience: _____

Qualifications : _____

Membership of Other Business Associations? _____

Date of application: _____ Sponsored by : _____

I hereby apply for membership of the South West Networking Group (SWNG) in the category applicable to my products/ services. I have read and understand the Application Instructions and agree to abide by SWNG's rules and procedures.

Applicant's Signature : _____ Date: _____

MEMBERSHIP FEE

After attending a maximum of two meetings as a guest of SWNG, the prospective member will be asked to join the group. This requires the prospective member to obtain a sponsor (who must be a financial member of SWNG), then complete and submit this form to the SWNG Membership Officer, together with the tax-deductible payment. This application will be reviewed by the SWNG Membership Committee and the applicant will then be notified whether the application has been successful within one week.

Annual membership of \$250 (tick payment method) : CASH CHEQUE (payable to "South West Networking Group")

Membership Cttee Record: Accepted: _____ Category : _____ Date: _____