



**ARMENIAN CHAMBER OF COMMERCE
IN AUSTRALIA INC**

"Network, Communicate, Honour"



MEMBERSHIP APPLICATION FORM

Full name of Applicant:

Business/Company Name:

Address:

Telephone: Mobile:

Email:

Signature: Date:

Nominated by (Name)
(Must be current financial member of the Armenian Chamber of Commerce)

Signature: Date:

Seconded by (Name).....
(Must be current financial member of the Armenian Chamber of Commerce)

Signature: Date:

**Please complete this Application Form and send it together with your contribution of
\$25.00 (plus GST)**

**Postal Address: PO Box 6506 North Ryde 2113
Phone: 02-80052240
Email: info@armenianchamber.com.au
Web: www.armenianchamber.com.au**