

Membership Application – SLACC

DD/MM/YY

Date

Company Address

Company Name

Title

Contact Person

City

Post Code

State

Mailing Address if different from above

Post Code

State

City

Phone

Website

Type of business

Email

Approximate Turnover

No of employees

Company Registration/ABN

Year of Incorporation

The membership category applying for

How did you hear about Sri Lanka and Australia

Chamber of Commerce

Why are you seeking membership at SLACC

Information provided in this form will remain confidential with Sri Lanka and Australia Chamber of Commerce.

Please return application to, Email : info@srilankaaustralia.com

ABN:17604632831