

Member Application - SLACC

Date							
Contact Person				Title			
Company Name							
Company Address							
City		State		Post code			
Mailing Address (if different	ent from above)						
City		State		Post code			
Phone	Fax		Website				
Émail			Type of Business				
No. of Employees	Approximate	Approximate turnover					
Year of Incorporation	Company Registration/ABN						
How did you hear about Australia Chamber of Co							
Why are you seeking men	mbership of the S	ri Lanka Aust	ralia Chamber of Co	mmerce			

ABN 17 604 632 831

Information provided in this form will remain confidential with the Sri Lanka and Australia Chamber of Commerce, Please return application to:

Sri Lanka - Orion City, 752 Baseline Rd, Colombo 9, Sri Lanka Australia -140 Arthur Street, North Sydney NSW, 2060, Australia Email: info@srilankaaustralia.com