

## **Business Membership Form**

Business Details	
Business name:	
Address Line 1:	
Address Line 2:	
Suburb:	Postcode:
Phone Number:	Website:
Primary Contact  This is person nominated to vote at AGM and to receive membership invoice	
Name:	Position:
Email:	Mobile/Direct Phone:
Signature:	Date:
The Hunter Culinary Association Committee reserves all rights to approval of applications.  Upon acceptance, I agree to being invoiced \$250 per annum membership fees.	
Restaurant Contact	
Name:	Position:
Email:	Mobile/Direct Phone:
Chef Contact	
Name:	Position:
Email:	Mobile/Direct Phone:
Additional Contact	
Name:	Position:
Email:	Mobile/Direct Phone: