

Associate Membership Application

Because public health matters.



Business Details

Company Name:.....

ABN:..... ACN:..... ABRN:.....

Postal Address:.....

Physical Address:.....

Telephone: Website:.....

Contact Details

PRIMARY

First Name:..... Surname:..... Role:

Postal Address:.....

Email:..... Telephone:..... Mobile:.....

ACCOUNTS

First Name:..... Surname:..... Role:

Postal Address:.....

Email:..... Telephone:..... Mobile:.....

MARKETING

First Name:..... Surname:..... Role:

Postal Address:.....

Email:..... Telephone:..... Mobile:.....

Focus Areas of Operation

Maintenance Commercial Housing Environmental Other:.....



What product/service do you sell to the Industry?

.....
.....
.....
.....

General

Is there anyone else in your business that you would like to have included in email communications such as industry alerts and newsletters?

Name:..... Surname:..... Email Address:.....

Name:..... Surname:..... Email Address:.....

Would you like us to follow you on social media? If yes, please provide your details.

Facebook:..... LinkedIn:..... Instagram:.....

In a few short words, why have you decided to apply for Associate Membership?

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Applicable Fees (Tax Deductible)

Annual Associate Membership \$760.00 inc GST

Signature of Applicant:..... Dated:.....

Payment Details

Direct Deposit To: Commonwealth Bank Australia - BSB: 066 114 - Account Number: 1012 4893

Credit Card: Visa MasterCard American Express

Please note: 1% administration charge for Visa, MasterCard and American Express

Name on Card:.....Signature:.....

Card Number:..... Expiry:..... CCV:.....