

# Associate Membership Application Form



## CONTACT DETAILS

Name of Person: .....  
 Name of Company: .....  
 ABN: .....  
 Address: .....  
 Postal Address (if different from above): .....  
 Phone: ..... Fax: ..... Mob: .....  
 Email: ..... Website: .....

## TYPE—

- Building .....
- Leasing .....
- Purchasing .....
- Other (Please specify) .....

**REPRESENTATIVE** ..... (Full Name) is appointed as our representative and it is understood that this person may attend all General Meetings of the Association, but will not have voting rights.

## MEMBERSHIP FEE

Annual Membership Fee	10% GST	Grand Total
\$370.64	\$37.06	<b>\$407.70</b>

## PAYMENT

- CHEQUE (Address: Accommodation Association of Australia, Suite 1, Level 2, 189 Kent Street, Sydney NSW 2000)
  - EFT (WESTPAC -- BSB: 034 010 A/C: 177 147 Account Name: Accommodation Association of Australia)
  - CREDIT CARD  AMEX  VISA  MasterCard
- Card Number: ..... Expiry Date: .....  
 Name on Card: ..... Signature: .....

**I/We** ..... hereby apply to be admitted as a member of the Accommodation Association of Australia subject to the Rules of the Association.

**Applicant Name:** ..... **Signature:** ..... **Date:** .....

### Office Use Only:

Application Sent ..... Entered into Database .....  
 Application Received ..... Welcome Email Sent .....  
 WR Form Received ..... Logon Sent .....  
 Payment Received ..... Membership Pack Sent .....

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