

# NON RESIDENT MEMBERSHIP APPLICATION FORM



Company Name: \_\_\_\_\_

Nominated Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

Brief outline of history of Company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Years in Operation: \_\_\_\_\_

Details of Shareholders (show percentage): \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Form of Payment Cheque / Amex / Visa / Diners / Mastercard \_\_\_\_\_ Amount AUD\$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(\* An Additional 1% credit card service fee will be applied to the dollar amount paid by credit or charge card)