



ALLIED MEMBERSHIP APPLICATION FORM

Company Name: _____

Nominated Representative: _____ Title: _____

Postal Address: _____

Street Address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Australian Business Number: _____

Number of Staff: _____

Brief outline 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)