**MEMBERSHIP** **APPLICATION** **FORM**

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| **1. COMPANY DETAILS** | | | **3. MEMBERSHIP RATES** | | |
| Company name: …………………………………………………………………………….. | | | The membership period is 12 months from the date of joining and covers all employees within your organization. Rates payable are determined by whether you are a corporate of an industry association.  CORPORATE: member rates are based on number of employees  ASSOCIATION: member rates are based on number of members for individual member based organisations or annual revenue for other associations. | | |
| ABN: ……………………………………………………………………………………………….. | | |
| Street Address: ……………………………………………………………………………….. | | |
| Suburb: …………………………………………………………………………………………… | | |
| State: ………………………………….............. Postcode: …………………………… | | | Macintosh HD:Users:alinabain:Desktop:Screen Shot 2015-08-24 at 11.00.32 am.png | | |
| Tel: ( ……………) ………………………………………………………………………………. | | |
| Company Website: ………………………………………………………………………… | | |
| Services Sector: ………………………………………………………………………………. | | |
| Specific Areas of Interest: | | |
| Domestic ☐  Policy | International ☐  Policy | Innovation ☐ |
| **2. PRIMARY CONTACT** | | |
| Title: ……………………………………………………………………………………………….. | | |
| Name: …………………………………………………………………………………………….. | | | **4. PAYMENT DETAILS** | | |
| Job Title: …………………………………………………………………………………………. | | | Total ……………………………….…………………………...…… (inc GST) | | |
| Email: ……………………………………………………………………………………………… | | | Preferred method of payment: | | |
| Direct Line: ( ……………) …………………………………………………………………… | | | Invoice ☐ | Credit Card ☐ | Direct ☐ Bank Transfer |
| Mobile: ……………………………………………………………………………………………  Additional Contacts: See Attached | | | **Please email this completed form to the Australian Services Roundtable alinabain@australianservicesroundtable.com.au** if you have any questions please call ASR CEO Alina Bain on 0400 202 804 | | |

**ADDITIONAL CONTACTS**

Please include contact details for Primary Contact’s EA

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| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Position** | **Location (City/Country)** | **Email** | **Contact No.** |
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