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

**SME Mentoring Program**

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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. The membership fee $165 pa incl gst, for services firms with 0 – 5 employees.  **Member Entitlements:**  Firms taking up membership at this rate are entitled to attend ASR’s SME Roundtables at no cost. |
| ABN: ……………………………………………………………………………………………….. | | |
| Street Address: ……………………………………………………………………………….. | | |
| Suburb: …………………………………………………………………………………………… | | |
| State: ………………………………….............. Postcode: …………………………… | | | **Conditions:**  Additional, larger events may attract an additional registration fee.  Firms joining the ASR at this membership rate are not entitled to a position on the ASR Board or on the ASR Policy Committees.  **4. PAYMENT OPTIONS:**  **Direct Transfer:**  BSB: 033-127, Account No. 328370  **Credit Card:**  Email this remittance advice with your credit card details to [alinabain@australianservicesroundtable.com.au](mailto:alinabain@australianservicesroundtable.com.au).  Card Type: Visa ☐ Mastercard ☐ |
| Tel: ( ……………) ………………………………………………………………………………. | | |
| Company Website: ………………………………………………………………………… | | |
| Services Sector: ………………………………………………………………………………. | | |
| Specific Areas of Interest: | | |
| Domestic ☐  Policy | International ☐  Policy | Innovation ☐ |
| Topic Ideas for SME Roundtables:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **2. PRIMARY CONTACT** | | |
| Title: ……………………………………………………………………………………………….. | | |
| Name: …………………………………………………………………………………………….. | | | Card No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Title: …………………………………………………………………………………………. | | | Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_ |
| Email: ……………………………………………………………………………………………… | | | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_ |
| Direct Line: ( ……………) …………………………………………………………………… | | | **A tax receipt for GST will be issued upon receipt of your payment.** |
| Mobile: ……………………………………………………………………………………………  Additional Contacts: See Attached | | |  |

**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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