**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.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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