



Membership Application Form and Tax Invoice

Business Name: _____
 Contact Person: _____
 Street Address: _____
 Postal Address: _____
 ABN: _____
 Phone: _____ Fax: _____ Mobile: _____
 Website: _____
 Email: _____

Category	Membership Level	Cost	GST	Total
<input type="checkbox"/> One	Brochure Display, Website Line Listing	\$85.00	\$8.50	\$93.50
<input type="checkbox"/> Two	A Frame Signage and Brochure Display, Website Line Listing	\$175.00	\$17.50	\$192.50
<input type="checkbox"/> Three	Bookings Service, Signage and Brochure Display, Website Page Listing	\$500.00	\$50.00	\$550.00
<input type="checkbox"/> Four	Corporate Business Sponsorship	\$5000.00	\$500.00	\$5,500.00
Total Due:				

* Please nominate membership level required by placing a tick in the box beside the desired Category.

I am a Tourism Accredited Business with the Tourism Council W.A.

Payment Method

Electronic Payment (Please include a Remittance Advice)

Account Name: _____ Karratha Visitor Centre Cheque (enclosed)
 BSB: _____ 066531 Cash
 Account No: _____ 00901518

Credit Card Payment Visa Card MasterCard

Name on Card: _____
 Card Number: _____
 Expiry Date: _____ Sec: _____
 Cardholder's Signature: _____

Declaration

Please accept my application for membership of the Karratha Visitor Centre. I declare that I have all the necessary approvals, licenses and insurances to legally conduct my business, thereby offering the Karratha Visitor Centre and its staff full indemnity. In addition, I agree to be bound by the Constitution and By-Laws of Karratha Visitor Centre, and enclose relevant payment as nominated above.

Signature: _____	Date: _____
------------------	-------------

Please complete this form and return by either post, email, or fax:

Postal Address: PO Box 1234 Karratha WA 6714 | Email: KVCAAdmin@karrathavisitorcentre.com.au | Fax: (08) 9144 4620