

ORGANISATIONAL INFORMATION

*Organisation name			
*ACN/ABN			
*Established year			
*Telephone number			
*Website			
*Address			
Suburb		State	
Postcode		Country	
*Postal address (if different)			
Suburb		State	
Postcode		Country	

ORGANISATIONAL CONTACT DETAILS

*HEAD OF ORGANISATION

This person is the authorised representative of the organisation.

*Full name	
*Position title	
*Preferred contact number	
*Email address	

*PRIMARY CONTACT FOR MEMBERSHIP

This person will be the contact for day-to-day liaison with the business. This includes member-related correspondences and opportunities, membership renewal, and provide updates on key contacts and further information if required. This person will receive all key formal documentation regarding the membership.

*Full name	
*Position title	

MEMBERSHIP APPLICATION FORM

ASSOCIATE MEMBERSHIP | 2024-2025



*Preferred contact number

*Email address

*FINANCE

This person is responsible for providing support on all financial matters.

*Full name

*Position title

*Preferred contact number

*Email address

*ORGANISATION CATEGORY

Please indicate which best describes your organisation (select one).

- | | |
|--|---|
| <input type="checkbox"/> Tourism | <input type="checkbox"/> Business/ supplier |
| <input type="checkbox"/> Hospitality and accommodation | <input type="checkbox"/> Not-for-profit |
| <input type="checkbox"/> Business association/council | <input type="checkbox"/> Media |
| <input type="checkbox"/> Recruitment agent | <input type="checkbox"/> Government |
| <input type="checkbox"/> Other (please specify) | |

*Would your organisation be interested in sponsoring StudyPerth events?

☐ Yes

☐ No

If yes, in what capacity would you be interested in sponsoring StudyPerth events?
(Select as many as applicable)

- | | |
|--|--|
| <input type="checkbox"/> Financial contribution ONLY | <input type="checkbox"/> Food/beverage sponsor |
| <input type="checkbox"/> Venue sponsor | <input type="checkbox"/> Gift/prize sponsor |
| <input type="checkbox"/> Other (please specify) | |

MEMBERSHIP APPLICATION FORM ASSOCIATE MEMBERSHIP | 2024-2025



*SUPPORTING DOCUMENTS

Please attach the following supporting documents with your completed application.

- | | |
|---|--|
| <input type="checkbox"/> Business registration certificate or statement | <input type="checkbox"/> Certificate of Currency (Insurance liability) |
| <input type="checkbox"/> ASIC Record of Registration for Business Name | <input type="checkbox"/> Any other relevant supporting documentation |

***In 100 words or less, please describe how you wish to benefit and get involved with StudyPerth.**

DECLARATION

The following declaration is made by the Applicant:

By submitting this form, the Applicant agrees to pay a Membership Subscription Fee as approved by the StudyPerth Board.

- Associate Membership Subscription Fee \$3,000.00 (excl. GST) pro rata

By submitting this form, the Applicant agrees to adhere to the [Code of Practice](#) of the StudyPerth Membership.

*Signature

*Full Name

*Position Title

*Date

Please email the completed application form and supporting documents to members@studypertth.com.au

**Mandatory field*