

APPLICATION FORM



Associate Membership

*Organisation name

*ACN/ABN

*Tel

*Website

*Address
No. Street
Town/Suburb
State/Postcode
Country

Postal Address
(if different)

*CEO/ED Name

*Tel *Mobile

*Email

*Primary contact name
(if different to CEO/ED)

Position

Tel Mobile

Email

*Which of the following best describes your organisation (select one)?

- | | | | |
|--|--------------------------|-------------------------------|--------------------------|
| Tourism | <input type="checkbox"/> | Hospitality and accommodation | <input type="checkbox"/> |
| Business association/council | <input type="checkbox"/> | Student body | <input type="checkbox"/> |
| International education related business | <input type="checkbox"/> | Interstate study cluster | <input type="checkbox"/> |
| Media | <input type="checkbox"/> | Other | <input type="text"/> |

*Is your organisation not-for-profit?

Yes No

*Would your organisation be interested in sponsoring StudyPerth events?

Yes No

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

- | | | | |
|-----------------------------|--------------------------|-----------------------|--------------------------|
| Financial contribution only | <input type="checkbox"/> | Food/beverage sponsor | <input type="checkbox"/> |
| Venue sponsor | <input type="checkbox"/> | Gift/prize sponsor | <input type="checkbox"/> |
| Other | <input type="text"/> | | |

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Associate Membership



DECLARATION

The following declaration is made by the Applicant:

By submitting this form the Applicant agrees to pay an annual Associate Member Contribution Levy, as approved by the StudyPerth Board.

- Associate Member Contribution Levy \$1,500 (ex. GST)

By submitting this form, the Applicant agrees to the StudyPerth Terms and Conditions of Membership.

Signature

Name

Title

Date

Please email the completed application form and supporting documents to

admin@studypertth.com.au

**Mandatory field*