

APPLICATION FORM | 2020-2021

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

*Financial contact name

* Tel

*Email

* Organisation bank account name

* BSB

* Account number

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

Tourism

Hospitality and accommodation

Business association/council

Student body

International education related business

Interstate study cluster

Media

Other

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*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

Food/beverage sponsor

Venue sponsor

Gift/prize sponsor

Other

*Please provide the following supporting documentation to support your application:

Business registration certificate

ASIC Record of Registration for

or statement

Business Name

Any other relevant supporting

information

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 \$1,500 (ex. GST)

By submitting this form, the Applicant agrees to adhere to the Code of Practice of the StudyPerth Membership.

Signature

Name

Title

Date

Please email the completed application form and supporting documents to

admin@studyp Perth.com.au

*Mandatory field