MEMBERSHIP APPLICATION FORM
ASSOCIATE MEMBERSHIP |

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	

*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).

- ☐ Tourism
- ☐ Hospitality and accommodation
- ☐ Business association/council
- ☐ Recruitment agent
- ☐ Other (please specify)
- ☐ Business/ supplier
- ☐ Not-for-profit
- ☐ Media
- ☐ Government

_____

*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)

- ☐ Financial contribution ONLY
- ☐ Venue sponsor
- ☐ Other (please specify)
- ☐ Food/beverage sponsor
- ☐ Gift/prize sponsor

_____

*SUPPORTING DOCUMENTS

Please attach the following supporting documents with your completed application.

- ☐ Business registration certificate or statement
- ☐ ASIC Record of Registration for Business Name
- ☐ Certificate of Currency (Insurance liability)
- ☐ 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@studyperth.com.au

**Mandatory field*