

# MEMBERSHIP APPLICATION FORM ASSOCIATE MEMBERSHIP | 2023-2024



## ORGANISATIONAL INFORMATION

*Organisation name	<input type="text"/>		
*ACN/ABN	<input type="text"/>		
*Established year	<input type="text"/>		
*Telephone number	<input type="text"/>		
*Website	<input type="text"/>		
*Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>
*Postal address <i>(if different)</i>	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>

## ORGANISATIONAL CONTACT DETAILS

### \*HEAD OF ORGANISATION

*This person is the authorised representative of the organisation.*

*Full name	<input type="text"/>		
*Position title	<input type="text"/>		
*Preferred contact number	<input type="text"/>		
*Email address	<input type="text"/>		

### \*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	<input type="text"/>		
*Position title	<input type="text"/>		
*Preferred contact number	<input type="text"/>		
*Email address	<input type="text"/>		

# MEMBERSHIP APPLICATION FORM

## ASSOCIATE MEMBERSHIP | 2023-2024



### \*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)        |   |

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\*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)      |  |

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### \*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   |

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\*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](mailto:members@studypertth.com.au)

*\*Mandatory field*