



**TOURISM  
TOP END**  
wild life - wild land

**TOURISM TOP END**

GPO Box 4392, Darwin NT 0801  
Ph: 08 89362450 Fax: 08 89817346

Email: membership@tourismtopend.com.au

Web: www.tourismtopend.com.au

**FULL MEMBERSHIP APPLICATION**

**TRADING NAME**

**COMPANY NAME**

**MULTI-LISTING**

*(Additional trading names to those listed above can be listed for \$110 per calendar year).*

**ADDRESS DETAILS**

**OFFICE ADDRESS**

*(Please include Address Location, Suburb, State & Postcode)*

**POSTAL ADDRESS**

**BANK DETAILS**

**ACCOUNT NAME**

**BSB NO.**

**ACCOUNT NO.**

**AUSTRALIAN BUSINESS NUMBER (ABN)**

*(All members are required to supply an ABN for Membership)*

**CONTACT DETAILS**

**ADMINISTRATION**

**PHONE**

**FAX**

**MOBILE**

**EMAIL**

**RESERVATIONS / BOOKINGS / ENQUIRIES**

**PHONE**

**FAX**

**MOBILE**

**EMAIL**

**WEB SITE**

**MEMBERS NOMINATED REPRESENTATIVE**

**NAME IN FULL**

**POSITION**

**DESCRIPTION OF BUSINESS**

*(Please tick one category which best describes your business)*

AIR CHARTERS	<input type="checkbox"/>	CRUISES	<input type="checkbox"/>	TOURS	<input type="checkbox"/>
ATTRACTIONS	<input type="checkbox"/>	GENERAL	<input type="checkbox"/>	PUBLICATIONS	<input type="checkbox"/>
FISHING CHARTERS	<input type="checkbox"/>	MEDIA	<input type="checkbox"/>	TRANSPORT	<input type="checkbox"/>
HIRE VEHICLES	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>
INFORMATION	<input type="checkbox"/>	LIFE MEMBER	<input type="checkbox"/>	PUB/BAR	<input type="checkbox"/>
ACCOMMODATION	<input type="checkbox"/>	OTHER(please specify)	<input type="checkbox"/>		

**NAMES & ADDRESSES OF ALL COMPANY DIRECTORS**

1	
2	
3	
4	
5	

Is the Applicant an undischarged or undisclosed bankrupt and/or any Director or Partner thereof?: YES / NO

If yes, please state details \_\_\_\_\_



Are you an Accredited Business under the Northern Territory Tourism Accreditation Program or any other Program?: YES / NO

Please state the Program if not NT Tourism Accreditation Program \_\_\_\_\_

**THE NORTHERN TERRITORY OF AUSTRALIA  
OATHS ACT STATUTORY DECLARATION**

I \_\_\_\_\_ (Name of the person making the declaration)

of \_\_\_\_\_ (Address of person) do solemnly and sincerely declare:

- 1 That I am authorised by \_\_\_\_\_ (Name of Members) (called "the Member") to make this declaration on behalf of the Member.
- 2 The Member continues to hold current all relevant permits; licenses and registrations necessary for its business or otherwise required by the Association and undertake to renew these as they fall due.
- 3 The Member undertakes to make prompt application for any additional permits, licences and registrations applicable to its business as may be required from time to time.
- 4 The Member undertakes to inform Tourism Top End as and when any licences or permits held by the Member and required to carry on their Business, are or become revoked, suspended, expired or otherwise not legally valid.
- 5 The Member has read, accepts and currently satisfies the requirements for Membership of the Association as set out in its Constitution.

AND I MAKE this solemn declaration by virtue of the Oaths Act and conscientiously believing statements contained in this declaration to be true in every particular.

Declared at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Before Me \_\_\_\_\_

(Signature of witness being any person over the age of 18 years)

Print Witness Name \_\_\_\_\_

Address or Ph no. of Witness \_\_\_\_\_

NOTE: A person wilfully making a false statement in a Statutory Declaration is liable to a penalty of \$2,000.00 or imprisonment for 12 months, or both.

**FULL MEMBERSHIP \$440 PER CALENDAR YEAR - PAYMENT MUST ACCOMPANY  
THIS APPLICATION FORM - PLEASE MAKE CHEQUES PAYABLE TO TOURISM TOP END  
BANK TRANSFER: BSB 065901 ACC: 10168296  
PLEASE FAX TRANSFER ADVICE TO 08 89817346**