



# Membership Application

## Tweed Tourism Inc

(Incorporated under the Associations Incorporated Act, 1984)

**Phone: (07) 55364244 Fax: (07) 55364204  
PO Box 19, Tweed Heads NSW 2485**

Associate Membership  
(Please tick)

General Membership

Corporate Membership

I/We \_\_\_\_\_  
(Full company name or partnership Names or full name of sole trader)

Trading as \_\_\_\_\_

Trading Address \_\_\_\_\_

Postal Address (if different from above) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_

Description of business: \_\_\_\_\_

ABN: 

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Bank Account Details: Bank \_\_\_\_\_ BSB No. \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Our appointed nominee is: \_\_\_\_\_

I/We hereby apply to become a member (as nominated above) of Tweed Tourism Inc.

I/We have read and understood and agree to be bound by:

(Please tick) The Rules of the Association and Code of Conduct for the duration of the membership period; and

(Please tick) I/We also hold all the relevant local, state and federal permits, operating licenses and Insurance required to operate this business (specific insurance details required below)

Signature of Applicant/Nominee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant/Nominee: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:** If the applicant is a body or organisation, the application shall be signed

(1) in the case of a partnership or unincorporated body or organisation, by all partners or proprietors and

(2) in the case of an incorporated body or organisation, by the Secretary or Public Officer of the Corporation.

Position: \_\_\_\_\_

Payment Method:  Cash  
(Please tick)

Cheque

Credit Card (see below)

Visa

Bankcard

Master Card

Eft Payment

Card 

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 Expiry 

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Signature of card owner: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

EFT Payments – Account Name – Tweed Tourism Inc  
BSB - 062 580

Bank – Commonwealth  
Account No: - 1013 7834

Please attach a copy of your Certificate of Currency of Public Liability Insurance and/or provide your policy number and expiry date

Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_/\_\_\_\_