

# APPLICATION FOR MEMBERSHIP

Registered Business Name:	
Trading Name:	
ABN/ACN:	
Owner's Name:	
Owner's Address:	
Nominated Contact:	
Position:	
Business Street Address:	
Mailing Address: <i>(if different from above)</i>	
Phone:	
Fax:	
Mobile:	
Email:	
Website:	

## CORE BUSINESS: *(tick one only)*

<input type="checkbox"/> ACCOMMODATION	<input type="checkbox"/> ATTRACTION	<input type="checkbox"/> WINERY
<input type="checkbox"/> TOUR OPERATOR	<input type="checkbox"/> RESTAURANT / CAFÉ	<input type="checkbox"/> EVENT
<input type="checkbox"/> LOCAL TOURIST ASSOC.	<input type="checkbox"/> RETAIL OUTLET	<input type="checkbox"/> GENERAL BUSINESS
<input type="checkbox"/> CLUB / SOCIETY / ASSOC.	<input type="checkbox"/> OTHER _____	

## I have applicable insurances and Local/State Government licenses:

Council Approval	Health, Food, Liquor Permits/Licenses	Public Liability Insurance
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pending	<input type="checkbox"/> Pending	<input type="checkbox"/> Pending
<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	

## I wish to take out the membership level indicated:

<input type="checkbox"/> TOURISM OPERATOR \$330 (incl. GST)	<input type="checkbox"/> TOURISM PLUS \$550 (incl. GST)	<input type="checkbox"/> EVENTS \$330 (incl. GST)	<input type="checkbox"/> NON-PROFIT \$110 (incl. GST)
<input type="checkbox"/> TOURISM SUPPORTER \$110 (incl. GST)	<input type="checkbox"/> TOURISM BROCHURE \$165 (incl. GST)	<input type="checkbox"/> CORPORATE By negotiation	

## Application Checklist

- Brochure or 100 word business description attached with application

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  - Completed website forms and up to 4 photos submitted with application  
*(Tourism Operator, Tourism Plus, Events, Non-Profit only)*

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  - I am interested in the Front Desk Online Booking facility

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  - I would like to participate in ATDW  
*(extra subscription fee, refer to [www.tq.com.au/atdw](http://www.tq.com.au/atdw))*

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  - If you have been referred to our association by another member or volunteer please insert their name below:  
\_\_\_\_\_
- (A \$10 referral reward is issued to volunteers and a \$10 reduction in next membership payment for members)*
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## Payment Details

- Cash / EFT**  
*Payable at 49 Albion Street, Warwick*

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- Cheque enclosed**  
*Please make cheque payable to Southern Downs & Granite Belt Regional Tourism*

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- Direct Deposit**  
*Pay to Southern Downs & Granite Belt Regional Tourism  
Heritage Building Society, BSB: 638070, Account: 10834559 (please reference business name in details)*

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- Quarterly Payment Plan**  
*Please complete credit card details below (only available to Tourism Plus)*

**Credit Card:**       Visa       Mastercard

Name on card: .....

Card Number: .....

Expiry Date: .....      CSC: .....

Signature: .....

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## Are you a member of any other Regional Tourism Organisations (RTO)?

Yes/No      If yes, which one/s? .....

## Are you a member of a Local Tourism Organisation (LTO)?

Yes/No      If yes, which one/s? .....

Please tick if you do NOT want your contact details to be shared with other members or with SDGBRT affiliated tourism bodies.

*I hereby apply to become a member of Southern Downs and Granite Belt Regional Tourism Inc and to abide by its rules. I also declare that I have all applicable Local and State Government licenses and current public liability insurances as required. I understand that Southern Downs and Granite Belt Regional Tourism reserves the right to reject/terminate membership in accordance with their constitution, clauses 7 and 8.*

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

### OFFICE USE ONLY

Date application received:.....

### Board Approval

Nominated: .....      Seconded: .....

Approved: .....      Date: .....

## Return completed form to:

Southern Downs & Granite Belt Regional Tourism

Office: 49 Albion Street, Warwick    Post: PO Box 900, Warwick Q 4370    Fax: (07) 4661 1957    Email: [marketing@sdta.com.au](mailto:marketing@sdta.com.au)