

# Membership Application

This document will be a TAX INVOICE for GST when you make payment  
 ABN: 72 142 612 280 - Capricorn Tourism & Economic Development Ltd.



Please complete this form and return to Capricorn Enterprise

E: admin@capricornenterprise.com.au F: 07 4922 2605 M: PO Box 1313, Rockhampton Qld 4700

Application Date	/ /
Company/Business Name	
ABN	
Type of Business	
Street Address	
Postal Address	
Phone	Fax
Email Address	
Website	

Are you a current Member? (Please Tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Principal Contact		Position
Direct Contact No.		Mobile No.
Email		

Marketing Contact		Position
Direct Contact No.		Mobile No.
Email		

## BUSINESS DESCRIPTION (must be completed)

Please provide 50 words outlining your business for use on the Capricorn Enterprise website (www.capricornenterprise.com.au) and internal database.

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## MEMBERSHIP LEVELS (Please tick relevant level for your business)

Platinum   P.O.A.	Bronze   \$1,100
Recommended for medium and large organisations that have a presence in the Capricorn Region and/or wish to engage in the growth of the Region through supporting economic development, business events and tourism.	- Businesses with 5 – 15 Full time or equivalent staff - Accommodation with approx 10-35 rooms - Businesses with 2-3 business locations - Commercial Events
Gold   \$5,000	Small Business Supporter   \$550
- Businesses with 25+ Full Time or equivalent staff - Accommodation with approx 50+ rooms - Businesses with 5+ business locations - Medium/Large Retail Complex or Shopping Centre	- Business with 1-4 Full time or equivalent staff - Accommodation with approx 1-10 rooms - Not-for-profit Events
Silver   \$2,200	Associate   \$399
- Businesses with 16-24 Full time or equivalent staff - Accommodation with approx 35- 50 rooms - Businesses with 3-5 business locations - Small Retail Complex or Shopping Centre	An ideal level for individuals who wish to keep abreast of Capricorn Enterprise's projects. This level is not available to businesses.

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## PAYMENT DETAILS

- EFT Payment** (Please use your business name as your payment reference)  
 BSB: 064 710 Acc Number: 105 74 383 Acc Name: Capricorn Tourism & Economic Development
- Cheque**  
 Please make payable to Capricorn Tourism & Economic Development Ltd
- Credit Card** (Please note we do not accept AMEX / DINERS cards)  
 Card Type  VISA  MASTERCARD Cardholder Name \_\_\_\_\_  
 Card No.              
 Exp Date \_\_\_/\_\_\_ CCV No:    Signature: \_\_\_\_\_
- Payment Plans are available. Please contact our Financial Controller, to explore this option.

## MEMBERSHIP PARTICIPATION (please tick)

	YES	NO	N/A
Do you consent to having your membership details included in our internal database, which may be made available to other members, corporate partners and/or sponsors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to receiving communications and publications either by post, email or facsimile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I/We acknowledge that Tour and Accommodation bookings made by the Visitor Information Centres will attract a 10% commission charge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to participate in Agent and Media Famils? (Participation can sometimes require free of charge accommodation, attractions or meals.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you be involved in our Visitor Information Centre Volunteer Famils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## POLICIES & CONDITIONS

Please tick to indicate you agree with the following policies and conditions

- I/We apply for admission as a member agree to be bound by the Constitution, Rules and By-Laws of the organisations and will abide by and sign the Code of Ethics set down for members. I/We (excluding Individual and Association applicants) hereby confirm that I/We have all necessary approvals and permits to operate our business as well as appropriate Public Liability Insurance cover and will ensure such cover remains in force during the term of this membership.
- I/We attach a copy of our Public Liability "certificate of currency" from our insurers.

Applicants Signature: \_\_\_\_\_

Date: / /