



Level 1, 130 Victoria Parade
 Rockhampton Q 4700
 PO Box 1313

Email: admin@capricornenterprise.com.au
 Web: www.capricornenterprise.com.au
 Ph: 07 4927 2055 Fax: 07 4922 2605

ABN: 72 142 612 280
 Capricorn Tourism & Economic Development Ltd
 Trading as Capricorn Enterprise

Membership Application Form

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

Company/Business Name: _____

Trading Name: _____ No. Rooms: _____

ABN: _____ No. F/T Staff: _____

Type of Business: _____ Phone: _____

Street Address: _____ Fax: _____

Postal Address: _____ Mobile: _____

Email Address _____

Website: _____

Are you a current member? YES NO (Please Circle)

CONTACT DETAILS	NAME	DIRECT EMAIL	CONTACT NUMBER
Owner/Manager	_____	_____	_____
Marketing/Other	_____	_____	_____

Membership Levels (Please tick relevant level for your business)

Platinum	\$11,000	Bronze	\$1,000
Gold	\$5,000	Small Business Supporter	\$500
Silver	\$2,000	Tourism & Business Associate	\$365
		Restrictions apply to eligibility in this category	

WHERE TO RETURN YOUR FORMS

Email: Complete and return via EMAIL to janellekerr@capricornenterprise.com.au
 Mail: Fill out the form and post to: Capricorn Tourism & Economic Development Ltd
 PO Box 1313, Rockhampton Q 4700
 Fax: Fill out the form and FAX to: (07) 4922 2605

PAYMENT

Nominate your preferred payment method.

Credit Card

Please charge my credit card the amount of \$ _____

Card Type:
Card #

(Please Circle) VISA

MASTERCARD

Exp Date: ____ ____ ____

CCV#: ____ ____ ____
(last 3 digits on back of card)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name on Card:

Signature:

CHEQUE (Made payable to CAPRICORN TOURISM & ECONOMIC DEVELOPMENT LTD)

\$ _____

EFT / DIRECT DEPOSIT

Account Name:

Capricorn Tourism & Economic Development Ltd

\$ _____

Please use your business name
as your payment reference.

Bank: Suncorp Metway

BSB: 484 - 799 Account Number: 450 789 518

Membership Participation (please circle)

Do you consent to having your membership details included in our database, which may be made available to other members, corporate partners and/or sponsors?

YES NO

Do you consent to receiving communications and publications either by post, email or facsimile.

YES NO

I/We acknowledge that Tour and Accommodation bookings made by the Visitor Information Centres will attract a 10% commission charge.

YES

Would you like to participate in Agent and Media Famils?

YES NO

Participation can sometimes require free of charge accommodation, attractions or meals.

Will you be involved in our Volunteer Famils?

YES NO

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: / /

OFFICE USE ONLY:

Proposed by: _____ a financial member of _____

Fees Paid \$: _____ Date: / / Receipt No: _____ Date Accepted at Board Meeting: / /

