Destination Port Stephens Membership Application

ABN 96 080 458 733 ACN 080 458 733

*All details must be completed

1st July 2018 - 30th June 2019

Applicant Busines	ss Information	Full Membership - \$200.00 +gst			
*APPLICANT NAME (A) = FIRST	T NAME	ACCOMMODATION			
		☐ BED & BREAKFAST			
SURNAME		☐ BACKPACKERS☐ MOTELS/HOTELS/RESORTS			
COMPANY NAME		SERVICED APARTMENTS			
ABN		☐ HOLIDAY PARKS SITES			
		☐ UNIT OWNERS/SELF MANAGED			
*ARE YOU REGISTERED FOR G		WATERFRONT			
*BUSINESS ADDRESS					
		☐ OTHER WATER BASED ACTIVITIES			
TOWN/SUBURB	POSTCODE	LAND TOUR OPERATORS			
*POSTAL ADDRESS	ABOVE				
		RESTAURANTS / CAFÉS / COFFEE SHOPS			
	POSTCODE				
		ATTRACTIONS			
		LARGE			
MOBILE		- SMALL			
PHONE / PERSONAL (for DPS us	use only)	BUSINESS			
*EMAIL					
		T DUDINESS (O) (ED 5 EN (D) O) (EEO)			
		☐ SHOPPING CENTRES / AIRPORTS (MGT)			
DESCRIPTION OF YOUR BUSIN	IESS	□ CLUBS/HOTELS/TAVERNS			
		-			
		Please note: Businesses adjoining LGA will incur a loading. Please contact the office.			
DELEGATE NAME (B) (for voting	g) SAME AS APPLICANT				
FIRST NAME		_			
SURNAME		_			
ACCOUNTS EMAIL AS AB	SOVE				
MARKETING NAME (C) □ □	DELEGATE APPLICANT	-			
FIRST NAME		Destination			
		Deist Ctaralage			
		ne I have you.			
		Y. J. 1 W /1 XX			

(A) Person who is the legal member.

EMAIL_

(B) Person who is eligible to vote when either the applicant is not a natural person or in the absence of the applicant.

(C) Person who is the contact for marketing, communications, newsletters etc.

Membership Fee Payment Options

Destination Port Stephens accepts payment in the form of cash, cheque, money order and electronic funds transfers. We also accept MasterCard and Visa (credit card surchage applies). Tax invoice will be sent upon receiving application from.

Membership Acceptance

I have read and agree to abide by the Membership Terms and Conditions

NAME
SIGNATURE
DATE
PRIVACY STATEMENT – PLEASE READ CAREFULLY
Destination Port Stephens maintains a database of its members for the purpose of regular communication on industry matters. I acknowledge that limited details such as business name, marketer name, address, main phone number, fax and email address will be available to people engaged in marketing initiatives with Destination Port Stephens as is necessary and to other financial members of Destination Port Stephens.
NAME
SIGNATURE
DATE

TERMS & CONDITIONS

In making this application for membership it is acknowledged that:

- 1. Applicant must be a legal entity in accordance with the Articles of Association Section 2 (d).
- 2. Membership category is the category for which the member can stand for election
- 3. Membership category was selected after viewing the appropriate Membership Fee Schedule. Categories need to be endorsed by the Board before being accepted.
- 4. Email address is where notices are served and where newsletters/updates are sent.
- 5. All relevant approvals, licenses from Local, State or Federal Authorities have been obtained to allow me to operate the business associated with this application.
- 6. Privacy statement must be completed and signed before membership can be accepted.
- 7. This membership is for Port Stephens Tourism Limitied trading as Destination Port Stephens. Any rights or benefits relating to any Visitors Centre are subject to agreements prevailing at any given time.
- 8. New and renewing memberships are subject to Board approval. The Board is not required to supply a reason for acceptance or rejection of any membership.
- 9. Members agree to abide by all provisions in the Memorandum and Articles of Association, a copy of which is available for viewing at the Office of Destination Port Stephens (by appointment) or download from www.portstephenstourism.com.au

OFFICE USE ONLY									
DATE JOINED		DATE PAID		_ INVOICE NO					
ACCOUNT NUMBER									
☐ XERO	☐ BOOKEASY	☐ DPS MEMBER WEBSITE	☐ CAPSULE	☐ MAILCHIMP	☐ WELCOME PACK				