

Tourism Industry Council NSW

A.B.N. 57 824 394 591

Level 3, 309 PITT STREET, SYDNEY, N.S.W. 2000

PHONE: (02) 9267 6865 FAX: (02) 9264 1085

E-MAIL: admin@ticnsw.com.au WEBSITE: www.ticnsw.com.au



MEMBERSHIP APPLICATION FORM

THIS FORM BECOMES AN OFFICIAL TAX INVOICE UPON PAYMENT

CONTACT INFORMATION

Organisation Name: _____

Trading Name: _____

Contact: _____

Position: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____

Please indicate your preferred method of contact:

Email

Post

MEMBERSHIP CATEGORIES

INDUSTRY ASSOCIATIONS - Associations representing individual industry operators/ organisations in a particular tourism sector

GOLD: \$6,600 [3 votes]

SILVER: \$3,850 [2 votes]

BRONZE: \$1,925 [1 vote]

TOURISM DESTINATION ORGANISATIONS - Organisations such as Regional Tourism Organisations (RTOs) or Local Tourism Organisations (LTOs)

GOLD: \$1,650 [3 votes]

SILVER: \$825 [2 votes]

CORPORATE MEMBERS - Other businesses and organisations with tourism interests in NSW

GOLD: \$5,500 [3 votes]

SILVER: \$3,800 [2 votes]

BRONZE: \$1,650 [1 vote]

MEMBER: \$605 [1 vote]

REMITTANCE ADVICE

ANNUAL MEMBERSHIP FEE

Credit Card

EFT

Cheque

I enclose my subscription for: \$ _____ (+Service Fee for Credit Card Payments)

PAYMENT AUTHORITY

Authority **MUST** be completed for Payment by Credit Card

CREDIT CARD:

please note that a credit card service fee will be applied to the dollar amount

AMEX
*3%

VISA
*1.5%

MASTERCARD
*1.5%

CREDIT CARD AUTHORITY:

I authorise TICNSW to charge my credit card with the annual subscription fees indicated in my choice of membership payment plan.

Card Number: _____ Expiry Date: ____ / ____

AMEX ID _____

Card Holder's name: _____ Signature: _____ Date: ____ / ____ / ____

EFT / CHEQUE:

Account Name: Tourism Industry Council NSW

Bank: Westpac Banking Corporation

BSB: 032-002

A/C No: 31 6590

Remittance: admin@ticnsw.com.au

Tourism Industry Council NSW thanks you for your support!