

Membership Form



ABN: 22 344 164 938

Organisation's Name:
 Address:
 Postal Address:
 Main Contact: Position in Company:
 Telephone: Mobile:
 Bookings Telephone: Fax:
 Email Address:
 Internet Address:
 Marketing Contact: Contact Details:
 Other Contact: Contact Details:
 Description of your organisation (please include all details to assist us to sell your product):

MEMBERSHIP CATEGORY	MEMBERSHIP FEE Rates include GST
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*These categories can apply for a bi-annual payment plan.
 Note: Membership is non refundable.

Social	\$60 annually
Local	\$96 annually
Regional	\$396 annually
National	\$1,584 annually*
International	\$3,176 annually*
Corporate	\$12,000 annually*

I understand that my membership must remain current for the duration of any marketing activity with Central Coast Tourism in which I am involved, eg. advertising in CCT marketing publications. I also understand that membership payments already made are not refundable in the event of my early termination of the contract.

Name: _____

Signature: *X* _____

Date: _____

Membership Category required: _____
 I enclose a cheque for \$ _____
or phone 02 4343 4400 for credit card payment
or Direct Deposit to NAB; BSB 082-620 / Acct No. 63-633-9528
 or Credit Card (AMEX, MASTERCARD, VISA) \$ _____

Exp ____/____ CVC _____ Full Name on Card: _____
 Signature: *X* _____