

Membership Application

Organisation

Organisation Name: _____

ABN: _____ Website: _____

Address: _____

State: _____ Postcode: _____

Postal Address (if different from above): _____

State: _____ Postcode: _____

Phone: _____

Nominated Contact Person

This will be the person who will receive communications and invitations etc.)

Name: _____ Position: _____

Phone: _____ Mob: _____

Email: _____

Person Responsible for Payment of Membership

 Same as Above

Name: _____ Position: _____

Phone: _____ Mob: _____

Email: _____

About Your Transport Service/s

This helps us understand our membership better.

Number of Vehicles: Cars: # _____ Buses: # _____ Other (specify): _____ # _____

Geographical Coverage/LGA's: _____

How does your service/s operate? Volunteers Paid Drivers Other: _____

Membership Application

Please describe the type of Transport Service/s your organisation provides: (e.g., bus shuttle service, individual transport)

Funding Sources

Do you receive funds to deliver Transport from the following: (select all that applies)

Australian Commonwealth Government

State Government

Fee for Service/Commercial

Other: _____

Please indicate which category applies to your organisation:

Annual Income for Community Transport	FEE (<i>excluding GST</i>)	Please Tick
Under \$250,000	\$250.00	<input type="checkbox"/>
Under \$500,000	\$500.00	<input type="checkbox"/>
Under \$2m	\$750.00	<input type="checkbox"/>
Over \$2m+	\$1000.00	<input type="checkbox"/>
Already a member of a state peak	\$500.00	<input type="checkbox"/>
Total Payment		

Acknowledgement

I support the purposes of Australian Community Transport Association (ACTA) and agree to comply with the Constitution.

Signature: _____

Date: _____

A tax invoice will be forwarded once your application for membership has been approved.

Please send the completed form to membership@communitytransportaustralia.org.au

Office Use

Date Received:		Date Approved:		Applicant Notified:	
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