

Your Details

Company Name	<input type="text"/>		
Trading Entity	<input type="text"/>		
ABN	<input type="text"/>		
Location Address	<input type="text"/>	Postal Address <i>(Leave blank if same)</i>	<input type="text"/>
Suburb	<input type="text"/>		<input type="text"/>
State, Postcode	<input type="text"/>		<input type="text"/>
Main Telephone No.	<input type="text"/>	Fax No.	<input type="text"/>
Email (general)	<input type="text"/>		
Website	<input type="text"/>		
National ATDW No.	<input type="text"/>	3rd Party & Public Liability Insurance (please attach policy)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Membership Packages (all prices inclusive of GST)

Non GCCC Levy Surcharge (applicable to non-Gold Coast City Council business ratepayers)

Non-GCCC Levy Surcharge \$50

Base Membership Levels (compulsory—select one)

- Restaurant Membership \$100
- Associate Membership \$188
- Tourism Industry Membership \$275

Elective Packages

- Visitor Information Centre - DL \$400
- Visitor Information Centre - A4 \$525
- Travel Trade Marketing \$600
- Gold Coast Convention Bureau \$900

Total \$ _____

Payment Details

- Payment by Credit Card
 Payment by Cheque
 Payment by EFT via invoice

Please make cheques payable to Gold Coast Tourism Corporation Ltd and accompany with this form

Credit Card Details

Card Type Visa MasterCard AMEX

Card Holder Name

Card Number / /

Expiry Date / Signature

Key Contacts

Primary Contact

The Primary Contact should be the main contact for your organisation. This person will receive all postal communication from GCT.

Name	<input type="text"/>
Position	<input type="text"/>
Direct Phone	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Contact 2

Name	<input type="text"/>
Position	<input type="text"/>
Direct Phone	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Contact 3

Name	<input type="text"/>
Position	<input type="text"/>
Direct Phone	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Contact 4

Name	<input type="text"/>
Position	<input type="text"/>
Direct Phone	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

Business Profile

Please provide a short (no more than 100 words) description of your company's products and services for our records.

Contact

- I do not wish Gold Coast Tourism to disclose my personal information to its members or other organisations
- I have read and agree to the Terms and Conditions provided by Gold Coast Tourism

*All applications are subject to approval by the Gold Coast Tourism Board of Directors.
Gold Coast Tourism reserves the right to decline or withdraw membership.
Membership dues are valid for the term 1 Jan 2012– 30 June 2012.*

Please sign below in agreement the information provided is true and correct

Name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Please return form to: Membership Coordinator
Gold Coast Tourism Corporation
PO Box 226,
BROADBEACH, QLD, 4218
Email: membership@gctourism.com
Fax: (07) 5570 3144