

CARDINIA TOURISM
APPLICATION FOR MEMBERSHIP

I / We apply for Full Membership / Associate Membership of Cardinia Tourism and agree to abide by Cardinia Tourism's Rules governing membership.

Business Name:

ABN:

Proprietor's Name:

Business Address:

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Business Tel: Business Fax:

Email: Mob:

Nature of Business:

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How Cardinia Tourism can help grow my Business:

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How My Business can help grow Cardinia Tourism:

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Full Name: (please print)

Signed: Date: / /

Payment of Membership Fee is enclosed by Cheque Money Order Cash

Please note: Full Membership Fee is \$1000.00 a year and Associate Membership Fee is \$250.00 a year.
Cheques or Money Orders should be made payable to: Cardinia Tourism. Completed membership form and payment should be sent to: Cardina Tourism, P.O Box 138, Upper Beaconsfield. Vic 3808