



**Are you Accredited?**

If you are an accredited business with the Tourism Council of WA, you will receive a 10% discount from your DVC Membership fee for 2010/11. Please provide your Accreditation Number and a copy of your Accreditation Certificate to receive your discount

**MEMBERSHIP LEVEL:** \_\_\_\_\_

Please indicate your level of membership by referring to the new membership structure attached

- |   |   |
|---|---|
| <input type="checkbox"/> Tourism Member    \$330  | <input type="checkbox"/> Accredited Tourism Member    \$297 |
| <input type="checkbox"/> General Member    \$110  | <input type="checkbox"/> Accredited General Member    \$99  |
| <input type="checkbox"/> Associate Member    \$66 | Accreditation Number _____                                  |

**BUSINESS AND CONTACT DETAILS:**

<b>BUSINESS NAME</b>	
<b>ABN/ACN NUMBER</b>	
<b>CONTACT</b> (First & Last Name)	
<b>STREET ADDRESS</b>	
<b>POSTAL ADDRESS</b>	
<b>TELEPHONE</b>	
<b>FAX</b>	
<b>EMAIL ADDRESS</b>	
<b>MOBILE (NAME &amp; NO.)</b>	
<b>WEBSITE</b>	

**LEGAL COMPLIANCE** (*Risk Management Procedure*)

If your business is accredited with Tourism Council WA  then all we require is a copy of your accreditation certificate. If your business is not accredited we will require copies of your Business Name Registration, Public Liability Insurance and other relevant licenses required to operate a business.

***This form must be returned to the visitor centre, along with payment and other paperwork as stated so that your membership can remain valid.***

AMOUNT DUE:    \$

**Method of Payment**

- Cheque** Made Payable to "Derby Visitor Centre"
- Direct Credit (Please fax confirmation)**      **Our Bank Details:    BSB 016620 A/c 4211 21425**
- Credit Card**

 
      
      
      
 Expiry Date \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ Card Type \_\_\_\_\_

**Please forward your membership payment, completed form and copies of Business Documentation to:  
Derby Visitor Centre, PO Box 48, Derby WA 6728**

Office Use Only    Amount Rcvd: \$	Date Rcvd:	Date faxed to ANW:
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*A Tax Invoice is enclosed for your records*