



DERBY VISITOR CENTRE INVITATION TO APPLY FOR MEMBERSHIP

BUSINESS AND CONTACT DETAILS:

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

LEGAL COMPLIANCE (*Risk Management Procedure*)

Please attach a copy of your Public Liability Insurance and Business Registration Certificate

AMOUNT DUE: \$110.00

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:
---------------------------------	------------

A Receipted Tax Invoice will be issued upon receipt of payment and all forms