

Membership Form

Please complete the details below and send with payment

New Member Renew Membership

Contact Information

Registered Business Name: _____

ABN: _____

Primary Contact Name: _____ Region: _____

Business Postal Address: _____ P/Code: _____

Business Street Address: _____ P/Code: _____

Business Telephone: _____ Mobile: _____ Fax: _____

Email: _____ Website: _____

 Facebook: _____  Twitter: _____

How did you hear about SATIC? _____

Reasons for Joining

Workplace Relations Advice	<input type="checkbox"/>	Networking & Business Events	<input type="checkbox"/>	Support	<input type="checkbox"/>
Training & Development	<input type="checkbox"/>	Awards Program	<input type="checkbox"/>	Discounted Services	<input type="checkbox"/>
Accreditation Programs	<input type="checkbox"/>	Policy & Representation	<input type="checkbox"/>	Other: _____	
Communications	<input type="checkbox"/>	News & Information	<input type="checkbox"/>	_____	

Please tick a suitable category that best represents your business

Accommodation		Tours Operator	<input type="checkbox"/>
Campsite Provider	<input type="checkbox"/>	Airline	<input type="checkbox"/>
Caravan Parks & Holiday Park	<input type="checkbox"/>	Visitor Information Centre	<input type="checkbox"/>
Hotels, Motels, Resort	<input type="checkbox"/>	Consultant	<input type="checkbox"/>
Bed & Breakfast	<input type="checkbox"/>	Education & Training	<input type="checkbox"/>
Backpacker	<input type="checkbox"/>	Government Department	<input type="checkbox"/>
Self-Contained Accommodation	<input type="checkbox"/>	Local Government	<input type="checkbox"/>
Houseboat Operator	<input type="checkbox"/>	Restaurants / Café	<input type="checkbox"/>
Cellar Door / Winery / Brewery	<input type="checkbox"/>	Regional Tourism Office	<input type="checkbox"/>
Food Producer	<input type="checkbox"/>	Supplier	<input type="checkbox"/>
Media / Publication	<input type="checkbox"/>	Other (Please specify) _____	
Industry Association	<input type="checkbox"/>	_____	
Retail	<input type="checkbox"/>		

Please indicate which membership level you wish to join.

MEMBERSHIP LEVELS	MEMBERSHIP FEE (+ GST)
Industry Leader Business	\$4,900 (+ GST) <input type="checkbox"/>
Large Business	\$1,500 (+ GST) <input type="checkbox"/>
Small/Medium Business	
will be based on the number of full-time equivalent (FTE) staff working in the business. I Choose one of the below;	
Staff	
1 – 3	\$299 (+ GST) <input type="checkbox"/>
4 – 8	\$539 (+ GST) <input type="checkbox"/>
9 – 15	\$619 (+ GST) <input type="checkbox"/>
16 – 25	\$799 (+ GST) <input type="checkbox"/>
26 – 50	\$999 (+ GST) <input type="checkbox"/>
Supporter of Tourism	\$150 (+ GST) <input type="checkbox"/>
Student & Young Tourism Professional	\$50 (+ GST) <input type="checkbox"/>
Additional businesses – If you have additional businesses trading under the same ABN, you can obtain additional tourism product/accreditation listings at a discounted rate of \$199 per business per year. Please tick box if you would like an Additional Product Listing.	<input type="checkbox"/>

Would you like to become Tourism Accredited through the Australian Tourism Accreditation Program?

Yes No

Confirm your membership by filling in your payment details.

Cheque

Please enclose cheque and post to: South Australian Tourism Industry Council, GPO Box 2071, Adelaide, SA 5001

Credit Card

Card Type: Visa MasterCard

Card Number:

Card Holder Name: _____ Amount: _____

Expiry Date: Security Card Security Coded (CVV):

Electronic Funds Transfer (EFT) Please ensure you send a remittance advice to info@satic.com.au upon payment of your invoice.

BSB: 035002 **ACC:** 264640

Cancellation Policy: No Refunds are given on membership fees.

I understand that registration/membership is valid for one year, at which time it must be renewed. I give SATIC permission to list my business contact details (including phone, email & postal address) on www.qualitytourismsouthaustralia.com.au (for accredited operators) and www.satic.com.au in the membership directory.

Signature: _____ Date: _____