

ATRA Membership Application

Office use only			
VACC Representative:	Member No:		
Source of Lead:	Customer No.		
Corporation – Registered Business Name			
Trading name:			
Legal Entity (Full legal name of company/partnership/Sole Trader):			
ABN:	ACN:		
VACC Membership number (if applicable):			
Business location address			
Address:		Postcode:	
Email:	Website:		
Tel:	Mobile:		
Mailing address (leave blank if the same as the business location address)			
Address:			
Suburb:	State:	Postcode:	
Directors/Partners/Sole Trader (please specify)			
Full Name: Mr Mrs Ms Miss	D	irector Partner Sole Trader	
Email:	Mobile:		
Full Name: Mr Mrs Ms Miss	D	irector Partner Sole Trader	
Email:	Mobile:		
Full Name: Mr Mrs Ms Miss	D	irector Partner Sole Trader	
Email:	Mobile:		
Additional key contacts			
Full Name: Mr Mrs Ms Miss		Position:	
Email:	Mobile:		
Full Name: Mr Mrs Ms Miss		Position:	
Email:	Mobile:		

Annual fees (invoiced annually in April. Pro-rata payment will apply if join before April).			
VACC ATRA membership	ATRA membership	ATRA supplier membership	
Pay their standard VACC membership plus only \$330 to include ATRA membership (benefits valued at \$1265 USD). Price includes GST.	embership (benefits valued at ATRA rate of \$550 (benefits valued at Pay only \$3		
Total membership fee: \$			
Payment method: Direct debit C	redit card		
DIRECT DEBIT FROM YOUR BANK ACCOUNT			
Name of bank account			
BSB Account number			
CREDIT CARD DETAILS			
Visa Mastercard Name o	f card holder		
Credit card number			
Card expiry date / CCV			
Signature of cardholder		Date	
Customer Name	Signature	Date	
VACC Representative	Signature	Date	

This document will become a Tax Invoice for GST when fully completed and you make payment.

