

ITEM 1. ORGANISATION OR BUSINESS DETAILS

Organisation Name:			
Business Address:			
Suburb:	State:	Postcode:	
Postal Address (if different from above):			
Suburb:	State:	Postcode:	
Website (if available):			

ITEM 2. CONTACT PERSON FOR AFFILIATION RELATED ISSUES

Your Title: Mr Mrs Ms Miss

First Name:

Surname:

Position in Organisation:

Phone:

Fax:

Email:

ITEM 3. SERVICE PROFILE

3A Please provide a brief description of the activities of your organisation or business:

3B If you operate services or venues that have a particularly high profile but which are not easily identifiable as part of the same organisation or business, please attach a list outlining the name, short description and suburb to this form. This may apply to organisations and businesses that manage a range of facilities, services and / or grants.

ITEM 4. PROMOTIONAL MATERIAL

You will be sent promotional material for display at point-of-sale when you affiliate. Please indicate the size and number of promotional packs you require:

- Small Pack (suitable for single locations) Number of Packs:
- Medium Pack (suitable for up to 10 locations) Number of Packs:

ITEM 5. AFFILIATE STATEMENT

I am an authorised representative of the organisation or business listed in ITEM 1. On behalf of the organisation or business:

- 1** I understand and accept the Companion Card Affiliate Terms and Conditions and agree to accept the Companion Card at all Australian outlets.
- 2** I consent to the organisation's or businesses name, service description, list of services and website address being published on the Companion Card website or in other promotional communication as a Companion Card affiliate.
- Please tick: Yes No
- 3** The organisation or business intends to collect statistics on the use of Companion Cards at its venues or events, and will be prepared to share this non-identifying data with the Companion Card Program for evaluation purposes.
- Please tick: Yes No
- 4** The organisation or business will officially recognise the Companion Card from:
Date:

Name of authorised representative:

Position:

Signature:

Date:



Please return this form in the reply paid envelope enclosed.

PRIVACY

The information provided in this affiliation form will be recorded and stored in the Companion Card database, and used solely for the purposes of administering the Companion Card Program.



Companion Card Program WA

Unit 1, 59 Walters Drive, Osborne Park. Reply paid post: PO Box 1595, Osborne Park WA 6916. Tel: 1800 617 337, TTY: 9443 3107, Fax: 9242 5044
Web: www.wa.companioncard.asn.au Email: wa@companioncard.asn.au