



**2017 – 2018 NEW ASSOCIATE MEMBER APPLICATION FORM**

Please complete all details and send to: **Email:** info@caravanwa.com.au **Fax:** 08 9358 5677 **Post:** Unit 15, 64-66 Kent St Cannington WA 6107

**1. CONTACT DETAILS**

Company Name:

Trading Name:  ABN:

Physical Address:

Postal Address:

Phone:  Email:

Website:  Facebook:

Contact Person:  Position:

Mobile:  Email:

**2. BUSINESS DETAILS**

Have you or any investor, shareholder or officer of your group been placed in administration or receivership?

Yes  No

If Yes, give details:

Company Owner/Director:

Have you or any principal of the applicant, previously made application and been refused membership of CIAWA, CIAA or any other state industry association?

Yes  No

If Yes, give details:

**Business Type:**  Caravan Park / Camping Ground  RV Dealership  Retailer  Repairer  
 Manufacturer  Hirer  Insurance or Finance  Local Council/Shire  
 Other (please specify):

Total number of: Full Time Staff  Part Time Staff  Casual Staff

**Business Description**

(please provide a description of your business)

**3. REFERENCES**

Three Industry References (include name, email and telephone number)

1.  Phone:

2.  Phone:

3.  Phone:



**2017 – 2018 NEW ASSOCIATE MEMBER APPLICATION FORM**

**4. REQUIREMENTS**

Where required by Western Australian law, please provide details below and attach a copy of:

- Certificate of Registered business premises or Local Government Authorisation for business trade
- WA Dealer Licence and Dealer Principle Licence - Licence Number:
- WA Registered Repairer Licence - Licence Number:
- A Caravan Park Licence (issued by Local Council) - Licence Number:

**5. YOUR MEMBERSHIP**

The 2017-18 Membership is an investment of \$550 (inc GST). See our Membership Prospectus for a list of inclusions with your membership and is effective from 1st July 2017 to 30th June 2018. All prices as at 1 June 2017 and include GST.

**6. PAYMENT DETAILS**

Establishment Fee: \$110 | Membership Fee: \$550 | **TOTAL: \$660** (inc GST)

Payment must be made prior to membership being granted:

- Request Invoice (A tax invoice will raised and sent within 14 days)
- Electronic Funds Transfer: Date Transferred
- Bank: **Commonwealth Bank** | Account Name: **Caravan Industry Assoc WA** | BSB: **066 134** | Acc Number: **1079 0537**  
Please specify your business name when paying by EFT.
- Credit Card payment: Visa  Mastercard
- Card Number:  Expiry Date:
- Card Holders Name:  Signed:
- Cheque: Please make cheque payable to Caravan Industry Assoc WA and post to Unit 15, 64-66 Kent St Cannington WA 6107  
A tax receipt will be sent to you upon receipt of payment and this form.

**7. AGREEMENT – SIGN & AUTHORISE HERE**

As the authorised signatory for the application, I and all those employed or representing the applicant agree to be bound by the Constitution, Policies and Code of Ethics governing membership of the Caravan Industry Association Western Australia. I also acknowledge that any and all logos, documents and templates provided from and by the Caravan Industry Association Western Australia Inc. remain the property of the Association and may be used only as long as the tenure of our membership.

I confirm that as required under WA regulations this company holds the appropriate licences as detailed in Section 4.

Name:  Position:   
Signed:  Date:

I am an authorised representative or agent of the company

CIAWA Office Use Only

| Payment Received | Receipt Sent | Board Approved | Database Updated | Web Profile Updated | Certificate & Letter | Membership Kit Sent |
|------------------|--------------|----------------|------------------|---------------------|----------------------|---------------------|
|                  |              |                |                  |                     |                      |                     |