



2018 – 2019 NEW ASSOCIATE MEMBER APPLICATION FORM

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

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:



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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 2018-19 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 2018 to 30th June 2019. All prices as at 1st July 2018 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