



**TOURISM
TOP END**
wild life - wild land

TOURISM TOP END

GPO Box 4392, Darwin NT 0801

Ph: 08 89806020 Freecall: 1300 138 886 Fax: 08 89817346

Email: membership@tourismtopend.com.au

Web: www.tourismtopend.com.au

ASSOCIATE MEMBERSHIP APPLICATION

TRADING NAME	
COMPANY NAME	

ADDRESS DETAILS

OFFICE ADDRESS	<i>(Please include Address Location, Suburb, State & Postcode)</i>
POSTAL ADDRESS	

BANK DETAILS

ACCOUNT NAME			
BSB NO.		ACCOUNT NO.	
AUSTRALIAN BUSINESS NUMBER (ABN)	<i>(All members are required to supply an ABN for Membership)</i>		

CONTACT DETAILS

ADMINISTRATION					
PHONE		FAX		MOBILE	
EMAIL				WEB SITE	
RESERVATIONS / BOOKINGS / ENQUIRIES					
PHONE		FAX		MOBILE	
EMAIL					

MEMBERS NOMINATED REPRESENTATIVE

NAME IN FULL	
POSITION	

DESCRIPTION OF BUSINESS *(Please tick one category which best describes your business)*

AIR CHARTERS	<input type="checkbox"/>	CRUISES	<input type="checkbox"/>	TOURS	<input type="checkbox"/>
ATTRACTIONS	<input type="checkbox"/>	GENERAL	<input type="checkbox"/>	PUBLICATIONS	<input type="checkbox"/>
FISHING CHARTERS	<input type="checkbox"/>	MEDIA	<input type="checkbox"/>	TRANSPORT	<input type="checkbox"/>
HIRE VEHICLES	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	RESTAURANT	<input type="checkbox"/>
INFORMATION	<input type="checkbox"/>	LIFE MEMBER	<input type="checkbox"/>	PUB/BAR	<input type="checkbox"/>
ACCOMMODATION	<input type="checkbox"/>	OTHER(please specify)			

NAMES & ADDRESSES OF ALL COMPANY DIRECTORS

1	
2	
3	
4	
5	

Is the Applicant an undischarged or undisclosed bankrupt and/or any Director or Partner thereof?: YES / NO

If yes, please state details _____



Are you an Accredited Business under the Northern Territory Tourism Accreditation Program or any other Program?: YES / NO

Please state the Program if not NT Tourism Accreditation Program _____

**THE NORTHERN TERRITORY OF AUSTRALIA
OATHS ACT STATUTORY DECLARATION**

I _____ *(Name of the person making the declaration)*

of _____ *(Address of person) do solemnly and sincerely declare:*

- 1 That I am authorised by _____ (Name of Members) (called "the Member") to make this declaration on behalf of the Member.
- 2 The Member continues to hold current all relevant permits; licenses and registrations necessary for its business or otherwise required by the Association and undertake to renew these as they fall due.
- 3 The Member undertakes to make prompt application for any additional permits, licences and registrations applicable to its business as may be required from time to time.
- 4 The Member undertakes to inform Tourism Top End as and when any licences or permits held by the Member and required to carry on their Business, are or become revoked, suspended, expired or otherwise not legally valid.
- 5 The Member has read, accepts and currently satisfies the requirements for Membership of the Association as set out in its Constitution.

AND I MAKE this solemn declaration by virtue of the Oaths Act and conscientiously believing statements contained in this declaration to be true in every particular.

Declared at _____ on the _____ day of _____ 200_____

Signed _____

Print Name _____

Before Me _____

(Signature of witness being any person over the age of 18 years)

Print Witness Name _____

Address or Ph no. of Witness _____

NOTE: A person wilfully making a false statement in a Statutory Declaration is liable to a penalty of \$2,000.00 or imprisonment for 12 months, or both.

**ASSOCIATE MEMBERSHIP \$220 PER CALENDAR YEAR
PLEASE MAKE CHEQUES PAYABLE TO TOURISM TOP END
BANK TRANSFER: BSB 065901 ACC: 10168296
PLEASE FAX TRANSFER ADVICE TO 08 89817346**