



## **STUDY CAIRNS 2008 NEW MEMBERSHIP APPLICATION FORM**

Please indicate which category you are applying for:

**Sponsor**    **Platinum**    **Gold**

Company Name:

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Trading Name:

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Business Address:

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Postal Address:

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Telephone:

Facsimile:

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Website:

Email:

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Principal Business Activity:

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ACN No:

ABN No:

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Years of Operation:

CRICOS Provider:  
(If applicable)

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### **Insurance:**

Public Liability:

Insurance Company:

Policy No:

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Worker's Compensation:

Insurance Company:

Policy No:

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Professional Indemnity:

Insurance Company:

Policy No:

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I / We hereby certify that I / We and our nominated representatives will abide by the Study Cairns Best Practice Guidelines, Protocols and Obligations.

Signed:

Position:

\_\_\_\_\_

Nominated Representatives and Titles:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

- Please attach your organisations profile and a selection of marketing collateral
- Please attach copies of applicable certifications or other documents of accreditation
- Please include a statement of your company refund policy
- Members should also be able to produce satisfactory evidence to ensure that clients'/students' fees are protected

Please forward completed application form, copies of documents and your organisational profile to: The Secretary, Study Cairns, PO Box 1575, Cairns QLD 4870

- An Invoice for Membership fee will be forwarded once membership is confirmed

**BUSINESS USE ONLY**

Confirmation of membership of Study Cairns

Approved: \_\_\_\_\_

Signature of Nominating Member: \_\_\_\_\_

Name of Organisation: \_\_\_\_\_

Signature of Nominating Member: \_\_\_\_\_

Platinum

Gold

Not recommended

Invoice issued on: \_\_\_\_\_

Cheque received on: \_\_\_\_\_

**Note: All applications will be endorsed at an Executive meeting of Study Cairns members.**