

Full Membership Application Form



Accommodation Association of Australia

Thank you for your interest in joining the Accommodation Association of Australia. Joining is a simple process:

1. Call us on 1300 304 397 to get a Membership Fee quote
2. Complete and sign this Application Form
3. Send completed form to:
Email: mail@aaoa.com.au
Post: Suite 401, Level 4, 105 Pitt Street, Sydney, NSW, 2000

PROPERTY DETAILS

Name of Property: _____ No. of Units/Rooms: _____
Legal Entity (Company / Business): _____ ABN: _____ Star Rating: _____
Employing Entity (if different to above) _____
Property Address: _____
Postal Address: (if different to above) _____
Phone: _____ Fax: _____ Chain Affiliation (Accor / Quest etc.): _____
Property Type (Please tick) Hotel B&B Backpacker Apartment Hotel Caravan/Tourist Park
 Motel Resort Guesthouse Self-Contained Serviced Apartments
Type of Liquor Licence (if applicable) _____ Restaurant Operated by Applicant: Yes No

REPRESENTATIVES

I give consent for the listed representatives to obtain website logins & to contact the Association to request Workplace Relations Advice.

	FULL NAME	PHONE	MOBILE	EMAIL
Owners:	_____	_____	_____	_____
GM:	_____	_____	_____	_____
HR/Payroll:	_____	_____	_____	_____
Accounts:	_____	_____	_____	_____

MEMBERSHIP FEE (call us on 1300 304 397 to get a quote)

Rooms No. _____ Amount: _____ GST: _____ Total: _____ Multi-year discount for Full Membership only: 5% off – 2 Years, 10% off – 3 Years

PAYMENT (Please put your property name as payment reference)

CHEQUE (**Address:** Accommodation Association of Australia, Suite 401, Level 4, 105 Pitt Street, Sydney NSW 2000)
 EFT (WESTPAC -- **BSB:** 034 010 **A/C:** 177 147 **Account Name:** Accommodation Association of Australia)
 CREDIT CARD AMEX VISA MasterCard
Card Number: _____ Expiry Date: _____
Name on Card: _____ Signature: _____

APPROVAL

I/We _____ hereby apply to be admitted as a member of the Accommodation Association of Australia subject to the Rules of the Association.

Applicant Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY:

Application Sent	_____	Entered into Database	_____
Application Received	_____	Welcome Email Sent	_____
WR Form Received	_____	Logon Sent	_____
Payment Received	_____	Membership Pack Sent	_____

Suite 401, Level 4, 105 Pitt Street
Sydney NSW 2000

P 02 8666 9015 F 02 8666 9017

E mail@aaoa.com.au

www.aaoa.com.au