



Full Membership Application Form

PROPERTY DETAILS

Name of Property: No. of Units/Rooms:

Legal Entity (Company / Business): Star Rating:

Employing Entity (if different to above):

ABN: Property Address:

Postal Address (if different from above):

Phone: Fax: Chain Affiliation (Accor / Quest etc.):

Property Type (Please tick):

- Hotel Serviced Apartments Self-Contained Backpacker B&B
- Motel Apartment Hotel Caravan/Tourist Park Resort Guesthouse

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	Direct Tel	Mobile	Email Address
Owner(s)				
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 1, Level 2, 189 Kent 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:

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

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