

ATRA Membership Application

Office use only			
VACC Representative:	Member No:		
Source of Lead:	Customer No.		
Corporation – Registered Business Name			
Trading name:			
Legal Entity (Full legal name of company/partnership/Sole Trader):			
ABN:	ACN:		
VACC Membership number (if applicable):			
Business location address			
Address:		Postcode:	
Email:	Website:		
Tel:	Mobile:		
Mailing address (leave blank if the same as the business location address)			
Address:			
Suburb:	State:	Postcode:	
Directors/Partners/Sole Trader (please specify)			
Full Name: Mr Mrs Ms Miss	D	irector Partner Sole Trader	
Email:	Mobile:		
Full Name: Mr Mrs Ms Miss	D	irector Partner Sole Trader	
Email:	Mobile:		
Full Name: Mr Mrs Ms Miss	D	irector Partner Sole Trader	
Email:	Mobile:		
Additional key contacts			
Full Name: Mr Mrs Ms Miss		Position:	
Email:	Mobile:		
Full Name: Mr Mrs Ms Miss		Position:	
Email:	Mobile:		

Annual fees (invoiced annually in April. Pro-rata payment will apply if join before April).

VACC ATRA membership ATRA member	ship	ATRA supplier membership	
Pay their standard VACC membership plus only \$275 to include ATRA membership (benefits valued at \$1265 USD). <i>Price includes GST</i> . \$1265 USD) <i>Price</i>	5.50 (benefits valued at e includes GST	Limited services Pay only \$330 (<i>inc GST).</i> Contact John Khoury on 0412 510 108 or jkhoury@vacc.com.au to discuss	
Total membership fee: \$			
Payment method: Direct debit Credit card			
DIRECT DEBIT FROM YOUR BANK ACCOUNT			
Name of bank account			
BSB Account number.			
Visa Mastercard Name of card holder			
Credit card number			
Signature of cardholder		Date	
Customer Name	Signature	Date	
VACC Representative	Signature	Date	
This document will become a Tax Invoice for GST when fully completed and you make payment.			
Email this completed form to: jkhoury@vacc.com.au For more information please contact the ATRA secreta VACC ABN: 63 0009 478 209 Ref:5046-68	riat on 03 9829 1153	You're in good hands	