

MEMBER APPLICATION FORM

IMPORTANT INFORMATION

An EMICoL Director will contact you to complete your Capability Survey. This information will provide EMICoL with a profile of your organisation, your company's capabilities and cooperative initiatives such as training requirements and may be used to identify other initiatives that will be developed from time to time.

ORGANISATION NAME

ABN:

ACN:

PRIMARY CONTACT

First Name:

Surname:

Title:

Phone (Office):

Fax:

Phone (Mobile):

Email:

SECONDARY CONTACT

First Name:

Surname:

Title:

Phone (Office):

Fax:

Phone (Mobile):

Email:

POSTAL ADDRESS

Street:

Suburb:

State:

P/Code:

WEB ADDRESS

DESCRIPTION OF YOUR BUSINESS

(Please note: This information may be used for your online presence on the EMICoL website and any marketing material.)



MEMBER APPLICATION FORM cont.

ENTITLEMENTS

Entitlement	Description	Cost
Membership	Network with Cooperative Members, Suppliers and Sponsors	\$550.00 Including GST Annual fee
Full Voting Rights	Participate in managing EMICoL	
Subsidised attendance at EMICoL events	Seminars, Training, Guest Speakers	
Benefit from group activities	Opportunity to participate in group tendering and Member discounts	
Portfolio Management	Assist Directors in area of interest	
Holding Shares in EMICoL	Ownership	\$100 (GST Exempt) First year only
	TOTAL	\$650.00

PAYMENT:

An invoice will be issued for payment on approval of your application.

APPLICANT'S SIGNATURE:

INVOICE TO BE FORWARDED TO:

Organisation Name:

Attention:

Address:

Suburb:

P/Code:

Email:

DATE:

Once your application has been considered by the Board of Directors, your nominated primary contact person will be notified in writing by mail.

SEND or FAX COMPLETED APPLICATIONS TO:

EMICoL- Member Applications
6 Wildon Street,
Bellevue, WA 6056

FAX COMPLETED FORMS TO:

EMICoL- Member Applications

Fax: 08 9249 3573

