

Corporate Membership

Company Name:
Contact Person

First Name:

Contact Person

Surname:

Position:

Title:

Business Address:

Suburb:

State:

Post Code:

Business Ph:

Business Ph:

Mobile Ph:

Fax:

Email:

web address:

Company Description (this description will be placed on SMA's website www.sma.org.au/members/category/corporate_members.asp):

 Please email your company logo in HiRes jpg or gif format to members@sma.org.au
Membership Fee (incl GST):

| <i>Category</i> | <i>Joining Fee</i> | <i>Annual Fee</i> | <i>Total</i> |
|---|--------------------|-------------------|--------------|
| <input type="checkbox"/> Corporate member | 0 | 600 | \$600 |

Payment Details:

 Payment Method: Cheque Money Order Credit Card Amount Payable \$ _____

 Credit Card Type: Visa Mastercard

Card Number: _____ / _____ / _____ / _____ Expiry date: _____ / _____

Full Name on Credit Card _____ Signature for Authorisation _____

Declarations:

I certify that the information supplied on and with this form is true and correct. I agree to abide by the Sports Medicine Australia Code of Ethics.

Signed: _____ Date: _____