

GROUP MEMBERSHIP APPLICATION

ORGANISATION/INSTITUTE CONTACT DETAILS:

ORGANISATION/INSTITUTE: _____

WEBSITE ADDRESS: _____

POSTAL ADDRESS: _____

SUBURB/CITY: _____ **POST CODE:** _____

MAIN PHONE No: _____

MAIN E-MAIL: _____

FIVE INITIAL MEMBERS DETAILS TO GAIN GROUP MEMBERSHIP STATUS:

PLEASE NOTE: These five people are also required to submit individual membership application forms before the Group Membership Status and consequent 10% discount applies.

PERSON 1:

NAME: _____

POSITION TITLE/COURSE: _____

PERSON 2:

NAME: _____

POSITION TITLE/COURSE: _____

PERSON 3:

NAME: _____

POSITION TITLE/COURSE: _____

PERSON 4:

NAME: _____

POSITION TITLE/COURSE: _____

PERSON 5:

NAME: _____

POSITION TITLE/COURSE: _____

MEMBERSHIP DECLARATION (this person must be one of the above employees/students):

I declare that the information given on this form is true and correct.

Name: _____ **Signature:** _____

Date: □□ □□ □□

Please allow 10 working days for your application to be processed.

Please return your completed group membership application to:

MAIL: Young Tourism Network, C/-Tourism Alliance Victoria, PO Box 18136 Collins Street East Melbourne VIC 8003

EMAIL: info@youngtourismnetwork.com **FAX:** 03 9650 8543

The Young Tourism Network is auspiced by Tourism Alliance Victoria ABN 74 109 290 520