

Corporate Membership Application

Company Name:

ABN:

Contact Name:
(Authorised Individual)

Telephone:

Billing Address:

Email Address:

Do you wish to take part in the corporate membership program of the CPCA? Please circle

YES NO

Which corporate membership level are you interested in? Please tick



Silver

\$ 3,000 + GST per annum



Gold

\$ 5,000 + GST per annum



Platinum

\$10,000 + GST per annum

Would you like to have access to the digital CPCA logo? Please circle.

YES NO

Cosmetic Physicians College of Australasia Ltd
Suite 1, Unit 4, 48 Winton Road
JOONDALUP WA 6027

Tel: (+618) 9300 2414 * Fax: (+61) 9300 2412 * Eml: cpca@cpca.net.au
www.cPCA.net.au

Conditions of Corporate Membership

Membership will be confirmed once payment of issued tax invoice has been received.

Membership is for a 12 month period and renewal is to take place 30 days before the expiration date via payment of issued renewal notice/tax invoice.

If you do not wish to renew your corporate membership, written advice must be received by CPCA office within 60 days (and no less than 30 days) before the expiration date.

Membership entitlements are as outlined in the Corporate Membership Letter dated 3rd December 2014, and use of the logo is dependent upon being a fully paid corporate member.

Declaration

I hereby declare that I have the authority to accept this offer of Corporate Membership dated 3rd December 2014.

Name:

Witness Name:

Position Held:

Position Held:

Company Name:

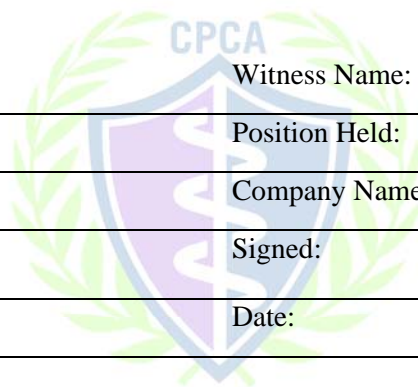
Company Name:

Signed:

Signed:

Date:

Date:



COSMETIC PHYSICIANS
COLLEGE
OF AUSTRALASIA

If you are completing the editable form, it is recommended that you save your completed form as a PDF before emailing it to: cPCA@cPCA.net.au

Alternatively, please post hand written forms to Cosmetic Physicians College of Australasia Ltd (address below)

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