**Corporate Membership Application**

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| Company Name: | Click here to enter text. | |
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| ABN: | Click here to enter text. | |
|  |  |  |
| Contact Name:  (Authorised Individual) | Click here to enter text. | |
|  |  |  |
| Telephone: | Click here to enter text. | Click here to enter text. |
|  |  | |
| Billing Address: | Click here to enter text. | |
|  | Click here to enter text. | P/code: Click here to enter text. |
| Email Address: | Click here to enter text. | |
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| Do you wish to take part in the corporate membership program of the CPCA? | | Choose an item. |
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| Which corporate membership level are you interested in? Please tick | | Choose an item. |
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|  | **Silver**  **$ 3,000** + GST per annum |  |
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|  | **Gold**  **$ 5.000** + GST per annum |  |
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|  | **Platinum**  **$10,000** + GST per annum |  |
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| Would you like to have access to the digital CPCA logo? | | Choose an item. |

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| **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.* | | |

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| **Declaration** |  | | |  |
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| I hereby declare that I have the authority to accept this offer. | | | | |
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| Name: Click here to enter text. | |  | Witness Name: Click here to enter text. | |
| Position Held: Click here to enter text. | |  | Position Held: Click here to enter text. | |
| Company Name: Click here to enter text. | |  | Company Name: Click here to enter text. | |
| Signed: | |  | Signed: | |
| Date: Click here to enter a date. | |  | Date: Click here to enter a date. | |
|  | |  |  | |
| **It is recommended that you save your completed form as a PDF before emailing it to:** [**cpca@cpca.net.au**](mailto:cpca@cpca.net.au)  **Alternatively, please post to Cosmetic Physicians College of Australasia Ltd (address below)** | | | | |