

# 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
	<b>TOTAL</b>	<b>\$650.00</b>

### PAYMENT:

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

### INVOICE TO BE FORWARDED TO:

Organisation Name:

Attention:

Address:

Suburb:

P/Code:

Email:

### APPLICANT'S SIGNATURE:

### DATE:

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

Please note that once your membership is approved it will be the members or sponsors responsibility to supply image files that you own the rights to or have a licence to use, that you would like us to display under your profile on the EMICoL website.

### SEND COMPLETED APPLICATIONS TO:

EMICoL- Member Applications  
6 Wildon Street  
Bellevue, WA 6056

