

# GAPDL Membership Application Form

Please complete the applicable information below as accurately as you can, as this information will be used for your Directory Listing/s. Please also note that Membership Applications will not be processed until payment has been received in full or monthly arrangements made.

Business Name \_\_\_\_\_ ABN \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Website \_\_\_\_\_ Facebook \_\_\_\_\_

Instagram \_\_\_\_\_ Twitter \_\_\_\_\_ Youtube \_\_\_\_\_

Please note the information in the following section is for our internal use only.

**Key Contact Person** Phone \_\_\_\_\_ Email \_\_\_\_\_

**Accounts Contact Person** Phone \_\_\_\_\_ Email \_\_\_\_\_

**Marketing Contact Person** Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Profile (Please provide a minimum of 50 words outlining your business. This will be used for inclusion in any appropriate promotional material created by GAPDL):

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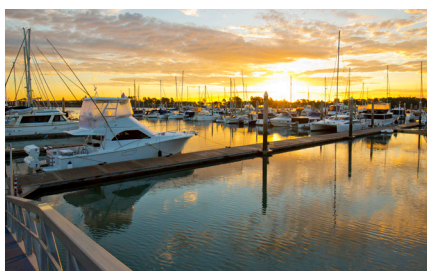
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**Business Category** Please select only one category for your business to be listed on gladstoneregion.info

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accommodation                              | <input type="checkbox"/> Banking, Finance & Insurance     | <input type="checkbox"/> Boards, Authorities & Organisations |
| <input type="checkbox"/> Building, Construction, Project Management | <input type="checkbox"/> Cafes, Restaurants & Pubs        | <input type="checkbox"/> Catering Services & Suppliers       |
| <input type="checkbox"/> Clubs - Sporting & Community Groups        | <input type="checkbox"/> Community Based Organisations    | <input type="checkbox"/> Education and Training              |
| <input type="checkbox"/> Employment & Labour Hire                   | <input type="checkbox"/> Entertainment                    | <input type="checkbox"/> Health, Beauty & Medical Services   |
| <input type="checkbox"/> Equipment Hire                             | <input type="checkbox"/> Industry                         | <input type="checkbox"/> IT & Communication Specialists      |
| <input type="checkbox"/> Media, Marketing & Advertising             | <input type="checkbox"/> Office Supplies & Services       | <input type="checkbox"/> Photography & Graphic Design        |
| <input type="checkbox"/> Professional Services                      | <input type="checkbox"/> Real Estate, Valuers, Developers | <input type="checkbox"/> Retail                              |
| <input type="checkbox"/> Tours & Charters                           | <input type="checkbox"/> Trades & Services                | <input type="checkbox"/> Transport & Travel                  |
| <input type="checkbox"/> Visitor Interests & Attractions            |   |  |



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# GAPDL Membership Application Form

continued

## GAPDL Membership Levels

- Individual Membership - \$110                       Gladstone Region Supporter - \$280
- Business Essentials - \$490                       Marketing Partner - \$920
- Corporate Partnership – Customised (Contact GAPDL for more information!)

## Your Payment

- Direct Deposit** GAPDL will email a Tax Invoice with payment details upon receipt of this form
- Payment by Credit Card** Sorry we do not accept AMEX

TOTAL COST: \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

- Ezi Debit Monthly Payments** Ezi Debit allows you to pay your membership monthly (additional fees will apply). GAPDL will email an Ezi Debit application upon receipt of this form.

## Please sign

I/We consent to having membership details included in GAPDL's membership database which may be available to other members. I/We consent to receiving communication from GAPDL and wish to receive the GAPDL E-Newsletter. I/We wish to apply as a partner of GAPDL under its constitutions, rules and by-laws. I/We have read and agreed to the terms and conditions as outlined in the GAPDL Membership Prospectus.

Applicants Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Board Approval

Proposer Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Seconder Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Where to send your completed form

**Email:** gapdl@gapdl.com.au **Mail:** Complete the form and post to GAPDL, PO Box 5186, Gladstone QLD 4680



#gladstoneregion #visitagnes1770 #southerngreatbarrierreef