



**MEMBERSHIP APPLICATION  
AND RENEWAL FORM**  
**TAX INVOICE    ABN 21 380 420 658**

**MEMBER DETAILS**

<b>Company/Business Name:</b>	
<b>ABN/ACN:</b>	
<b>Type of Business:</b>	
<b>Business Address:</b>	
<b>Suburb and Postcode:</b>	
<b>Postal Address:</b>	
<b>Suburb and Postcode:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Mobile:</b>	
<b>Email:</b>	
<b>Contact's Name:</b>	
<b>Position:</b>	
<b>Website Address:</b>	

I wish to pay Membership Fee of the Wollondilly Tourism Association Inc. for the above business

1 year Membership Fee of \$60.00 **OR**  3 year membership fee of \$150.00

by cheque **OR**  by cash

Please forward completed membership form and payment to: **Wollondilly Tourism Association Inc**  
**P O Box 270, PICTON, NSW 2571**

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

TITLE \_\_\_\_\_

*This form serves as official permission to selectively distribute your contact details for business purposes only and to hold your details on the WTAI database.*