



INDUSTRY AFFILIATION FORM

GENERAL INFORMATION

Please read the Companion Card Industry Handbook before completing this affiliation form.

DO NOT FOLD THIS FORM

Please complete this affiliation form in **BLOCK LETTERS** using blue or black pen.

When completing this form please place ticks in the tick-boxes provided.

Please **DO NOT** place crosses in the boxes or circle the boxes correct

incorrect

incorrect

COMPANION CARD INFORMATION LINE : 1800 650 611

The Companion Card Information Line Staff are available during business hours to respond to queries regarding affiliation.

PRIVACY

The information collected will be recorded and stored in the Companion Card database, and used for the purposes of administering the Companion Card program in accordance with the privacy principles in the Information Privacy Act 2000 (Vic).

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For Office Use Only



ITEM 1. ORGANISATION DETAILS

Organisation Name:

Business Address:

Suburb:

State:

Postcode:

Postal Address
(if different from above):

Suburb:

State:

Postcode:

Telephone:

()

Facsimile:

()

Web Site
(if available):

ITEM 2. CONTACT PERSON FOR AFFILIATION RELATED ISSUES

Title (Mr/Mrs/Ms/Miss):

First Name/s:

Surname:

Position in Organisation:

Telephone:

()

Facsimile:

()

Email (if available):

ITEM 4. PROMOTIONAL MATERIAL

You will be sent promotional material for display at point-of-sale when you affiliate. The size and number of promotional packs that you require will depend on the number of ticket boxes, outlets, venues or events at your organisation. Additional materials are available after affiliation, upon request (refer to the Industry Handbook). Please indicate your initial requirements below.

Please Tick:

<input type="checkbox"/>	Small Pack (suitable for single locations)	Number of Packs:	<input type="checkbox"/>
<input type="checkbox"/>	Medium Pack (suitable for up to 10 locations)	Number of Packs:	<input type="checkbox"/>
<input type="checkbox"/>	Large Pack (suitable for up to 30 locations)	Number of Packs:	<input type="checkbox"/>

ITEM 5. AFFILIATE STATEMENT

I am an authorised representative of the organisation listed in ITEM1.

On behalf of the organisation:

- I understand and accept the Companion Card Affiliate Terms and Conditions and agree to accept the Companion Card at all Australian outlets.
- I consent to the organisation's name, service description, list of services and web site address being published on the Companion Card web site or in other promotional communication as a Companion Card affiliate.

Please Tick: Yes No

- The organisation intends to collect statistics on the use of Companion Cards at its venues/events, and will be prepared to share this non-identifying data with the Companion Card program for evaluation purposes.

Please Tick: Yes No

- The organisation will begin to officially recognise the Companion Card from:

Date: / /

Name of authorised representative:

Position:

Signature: Date: / /

PLEASE DO NOT FOLD THIS FORM.

Please return this form in the envelope provided
(or in any C4 sized envelope) to:

**Companion Card Applications
Locked Bag 3014, Hawthorn VIC 3122.**