

Full Member Application



Thank you for your interest in joining the Accommodation Association of Australia. Joining is a simple process:

1. Call us on 1300 304 397 to get a Membership Fee quote
2. Complete and sign this Application Form
3. Send completed form to:
Email: mail@aaoa.com.au
Post: Suite 401, Level 4, 105 Pitt Street, Sydney, NSW, 2000

PROPERTY DETAILS

Name of Property:	_____	No. of Units/Rooms:	_____
Legal Entity (Company / Business):	_____	ABN:	_____
Employing Entity (if different to above)	_____		
Property Address:	_____		
Postal Address: (if different to above)	_____		
Phone:	Fax:	Chain Affiliation (Accor / Quest etc.):	
Property Type (Please tick)	<input type="checkbox"/> Hotel <input type="checkbox"/> B&B <input type="checkbox"/> Backpacker <input type="checkbox"/> Apartment Hotel <input type="checkbox"/> Caravan/Tourist Park		
	<input type="checkbox"/> Motel <input type="checkbox"/> Resort <input type="checkbox"/> Guesthouse <input type="checkbox"/> Self-Contained <input type="checkbox"/> Serviced Apartments		
Type of Liquor Licence (if applicable)	_____	Restaurant Operated by Applicant:	<input type="checkbox"/> Yes <input type="checkbox"/> No

REPRESENTATIVES

I give consent for the listed representatives to obtain website logins & to contact the Association to request Workplace Relations Advice.

	FULL NAME	PHONE	MOBILE	EMAIL
Owners:	_____	_____	_____	_____
GM:	_____	_____	_____	_____
HR/Payroll:	_____	_____	_____	_____
Accounts:	_____	_____	_____	_____

MEMBERSHIP FEE (call us on 1300 304 397 to get a quote)

Rooms No. _____	Amount: _____	GST: _____	Total: _____	Multi-year discount for Full Membership only: 5% off – 2 Years, 10% off – 3 Years
-----------------	---------------	------------	--------------	--

PAYMENT (Please put your property name as payment reference)

☐ CHEQUE (**Address:** Accommodation Association of Australia, Suite 401, Level 4, 105 Pitt Street, Sydney NSW 2000)

☐ EFT (WESTPAC -- **BSB:** 034 010 **A/C:** 177 147 **Account Name:** Accommodation Association of Australia)

☐ CREDIT CARD ☐ AMEX ☐ VISA ☐ MasterCard

Card Number: _____ Expiry Date: _____

Name on Card: _____ Signature: _____

APPROVAL

I/We _____ hereby apply to be admitted as a member of the Accommodation Association of Australia subject to the Rules of the Association.

Applicant Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY:

Application Sent	_____	Entered into Database	_____
Application Received	_____	Welcome Email Sent	_____
WR Form Received	_____	Logon Sent	_____
Payment Received	_____	Membership Pack Sent	_____

Suite 401, Level 4, 105 Pitt Street
Sydney NSW 2000

P 02 8666 9015 F 02 8666 9017

E mail@aaoa.com.au

www.aaoa.com.au

JANUARY 2016 - Version 1.0