

Cairns Tourism Association Inc.

ABN: 80 401 585 802

Promoting excellence in tourism

Ph 0402 140 840

PO Box 6044
Cairns Qld 4870

TAX INVOICE

Membership Application – 2009/2010

(Membership expires 30th June 2010)

New Application

Application Renewal

Business name: _____

Mailing Address: _____

Total of cheque enclosed/Amount to charge Credit Card: \$ _____

Membership fees:	Single	\$ 55.00	
	Extra members (max. 3 per company)	\$ 40.00	(per person)
	Corporate (5 Memberships)	\$220.00	
	Students (full-time)	\$ 20.00	

(All fees include GST)

CREDIT CARD NUMBER: _____

NAME ON CARD: _____ **EXPIRY DATE:** _____

CARD TYPE: **Visa** **Mastercard** **SIGNATURE:** _____

If you would like to receive our Newsletter via email, please list email addresses:

Applicant 1 **Name:** _____

 Email address: _____

Applicant 2 **Name:** _____

 Email address: _____

Applicant 3 **Name:** _____

 Email address: _____

Applicant 4 **Name:** _____

 Email address: _____

Applicant 5 **Name:** _____

 Email address: _____

(Please note that free entry into CTA Monthly Award Functions apply to the above members/s only. All other attendees/guests will be charged a \$5.00 entry fee.)

COMMITTEE USE ONLY

Membership form received/...../2008

Total Paid \$ _____

Receipt No. _____