



CONTACT DETAILS

Contact Persons: _____
Company Name: _____
Trading Name: _____
A.B.N (if available): _____
Trading Address: _____
Postal Address: _____
Business Phone: _____
Mobile: _____
Facsimile: _____
E-Mail: _____
Website: _____
Business Type: _____
E.G. Supermarket, florist etc.

WHERE DID YOU HEAR ABOUT US?

Referred by an existing member (please provide details)
Mailout Media Website Newspaper
Other (please specify)

So we can provide you with correct assistance and information, please list all additional stores on a separate sheet of paper. These stores will not hold separate membership and will not receive any correspondence.

AWARD INFORMATION

Under which award/s do you employ staff? _____

EMPLOYEE NUMBERS (all stores, including yourself)

Full Time: ___ Part-time: ___ Casual: ___ Total: ___

SUPERANNUATION FUND

Which Superfund do you pay into on behalf of your staff? _____

I WOULD LIKE MORE INFORMATION ON:

- Payment Options (Monthly Direct Debit)
ANZ Bank Discounts
Fuel Cards (Ampol/Caltex and Shell)
Superannuation
Traineeships/ Training Courses\
Other (please specify)

ANNUAL MEMBERSHIP FEE (includes GST):

To calculate your fee, simply count all your full time, part time and casual staff over all stores (including secondary stores) and use the table below to find your rate.

Table with 2 columns: Staff Count and Fee. Rows include 0-5 Staff (\$333.00), 6-10 Staff (\$508.00), 11-20 Staff (\$643.00), 21-40 Staff (\$820.00), 41-60 Staff (\$1,122.00), 61-100 Staff (\$1,342.00), 101-150 Staff (\$1,548.00), 151-200 Staff (\$1,952.00), 201-500 Staff (\$2,100.00), 501-1000 Staff (\$4,210.00), 1000+ Staff (Contact us on 1300 721 730)

Amount Payable: \$ _____

PAYMENT DETAILS

Please select your payment method below:
Cheque: Please make cheques payable to 'The Retailers Association'
Credit Card: Please fill out the Credit Card Payment form below:

Bank Card Visa Master Card American Express
Amount Payable: \$ _____
Name on Card: _____
Card No.: _____
Expiry: _____ Security No: _____
Signature: _____

PLEASE SIGN:

I, _____ hereby apply to be admitted as a member of The Retailers Association.* I understand that membership of the Association is not transferable upon change of ownership of my/our business and membership fees are not refundable.

Signed: _____

The Retailers Association values our members' personal information. Should you wish to view a copy of our Privacy Policy please visit www.theretailersassociation.com.au or contact us on the below details.

Please send this form back to us using the details below.

Fax: 1300 554 552

Post: PO Box 105, KELVIN GROVE, QLD 4059

Email: www.theretailersassociation.com.au

Or visit our website where you can apply securely.

*The Retailers Association operates in support of members around Australia. The Retailers Association is the register business name of the Queensland Retail Traders and Shopkeepers Association - Industrial organisation of Employers.

BRISBANE

Suite 3/321 Kelvin Grove Road
Kelvin Grove QLD 4059
PO BOX 105, Kelvin Grove BC
Kelvin Grove QLD 4059

MELBOURNE

Level 27
101 Collins Street
Melbourne VIC 3000

SYDNEY

Level 57
MLC Centre
19-29 Martin Place
Sydney NSW 2000

ADELAIDE

Level 24
Westpac House
91 King William Street
Adelaide SA 5000

PERTH

Level 28
AMP Tower
140 St Georges Tce
Perth WA 6000