

**PUBLIC BUSINESS / EVENT LISTING INFORMATION**

Please provide us with the information that will be made available to the public:

Business/event name:			
Phone number:			
Email:			
Website:			
Street address:			
	State:	WA	Postcode:

**Other locations if applicable**

Add other locations and associated contact details if they differ from the above

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**Description of business activities/events**

Short, informative and impactful. Please present the key information in the first 150 characters. Consider including:

- Accessibility information (*if applicable*) – useful for Companion Card holders and carers
- For events, training etc (*if applicable*) – starting dates and finish dates

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**Categories**

Please select the applicable category(-ies) in which you would like to be listed

Cinemas  
Councils / LGAs  
Family activities  
Festivals, fairs and shows

Museums  
Spectator sports  
Sports, fitness and wellness  
Theatre, music and arts

Tourist attractions  
Training and community events  
Transport and travel

**Marketing Materials**

For each point of sale or location you will receive two stickers “Companion Card accepted here” (W16cm×H11cm).

How many points of sale / location packs do you require:

## INFORMATION FOR INTERNAL USE BY THE COMPANION CARD PROGRAM

### Business Details:

Business Legal Name:

ABN:

Postal address:

State: WA

Postcode:

### Authorised representative contact details

Title:

First Name:

Surname:

Position:

Phone:

Email:

## AFFILIATE STATEMENT

I am an authorised representative of the organisation or business listed. On behalf of the organisation or business:

1. I understand and accept the Companion Card Affiliate Terms and Conditions and agree to accept the Companion Card at all locations in Australia.
2. I consent to the organisation's business name, service description, list of services and contact details being published on the Companion Card website or in other promotional communication as a Companion Card affiliate.
3. It is helpful for the organisation or business to collect statistics on the use of Companion Cards at its venues or events and as an organisation we are willing to share this non-identifying data with the Companion Card Program for evaluation purposes.

Yes

No

Name of Authorised representative:

Signature:

Date:



Please return form via email: [wacompanioncard@nds.org.au](mailto:wacompanioncard@nds.org.au) or by post

The information provided in this affiliation form will be recorded and stored in the Companion Card database and used solely for the purposes of administering the Companion Card Program.

### Companion Card Program WA

12 Lindsay Street, Perth WA 6000. Tel: 1800 617 337 Fax: 08 9242 5044

PO Box 184, Northbridge WA 6865

W: [wacompanioncard.org.au](http://wacompanioncard.org.au) E: [wacompanioncard@nds.org.au](mailto:wacompanioncard@nds.org.au)

**NDS** National  
Disability  
Services  
Western Australia