

**ITEM 1. ORGANISATION OR BUSINESS DETAILS**

Organisation Name:			
Business Address:			
Suburb:	State:	Postcode:	
Postal Address (if different from above):			
Suburb:	State:	Postcode:	
Website (if available):			

**ITEM 2. CONTACT PERSON FOR AFFILIATION RELATED ISSUES**

Your Title:    Mr     Mrs     Ms     Miss

First Name:

Surname:

Position in Organisation:

Phone:

Fax:

Email:

**ITEM 3. SERVICE PROFILE**

**3A** Please provide a brief description of the activities of your organisation or business:

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**3B** Please select the applicable category(-ies) in which you would like your organisation to be listed.

- |                            |                         |                    |
|----------------------------|-------------------------|--------------------|
| Cinema                     | Council / LGA           | Family activities  |
| Festivals, fairs and shows | Museum                  | Spectator sports   |
| Sports and fitness         | Theatre, music and arts | Tourist attraction |
| Transport                  |                         |                    |

## ITEM 4. PROMOTIONAL MATERIAL

You will be sent promotional material for display at point-of-sale when you affiliate. Please indicate the size and number of promotional packs you require:

<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"/>

## ITEM 5. AFFILIATE STATEMENT

I am an authorised representative of the organisation or business listed in ITEM 1. 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 Australian outlets.

**2** I consent to the organisation's or businesses name, service description, list of services and website address being published on the Companion Card website or in other promotional communication as a Companion Card affiliate.

Please tick:  Yes  No

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

Please tick:  Yes  No

**4** The organisation or business will officially recognise the Companion Card from:

Date:

Name of authorised representative:

Position:

Signature:

Date:



**Please return this form in the reply paid envelope enclosed.**

## PRIVACY

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

Reply paid post: PO Box 184, Northbridge WA 6865

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

If you have a hearing or speech impairment, contact us through the National Relay Service. Visit: [www.relayservice.gov.au](http://www.relayservice.gov.au)



Western Australia