## **GAPDL Membership Application Form**

Please complete the applicable information below as accurately as you can, as this information will be used for your Directory Listing/s. Please also note that Membership Applications will not be processed until payment has been received in full or monthly arrangements made.

Business Name		ABN
Email		Phone
Street Address		
Postal Address		
Website	Facebook _	
Instagram	Twitter	Youtube
Please note the information in the following	g section is for our internal use only.	
Key Contact Person Phone	Email	
Accounts Contact Person Phone	Email	
Marketing Contact Person Phone	Email	
Business Category Please select only one	e category for your business to be listed	on gladstoneregion.info
[ ] Accommodation	-	[ ] Boards, Authorities & Organisations
Building, Construction, Project Managemen		
	•	s [ ] Education and Training
[ ] Employment & Labour Hire	[ ] Entertainment	[ ] Health, Beauty & Medical Services
[ ] Equipment Hire	[ ] Industry	[ ] IT & Communication Specialists
[ ] Media, Marketing & Advertising	[ ] Office Supplies & Services	[ ] Photography & Graphic Design
Professional Services	[ ] Real Estate, Valuers, Developer	
[ ] Tours & Charters	[ ] Trades & Services	[ ] Transport & Travel
[ ] Visitor Interests & Attractions		













## **GAPDL Membership Application Form**

## continued

GAPUL Membership Levels				
[ ] Not for Profit Community Group - \$99	[ ] Business Es	sentials - \$515		
[ ] Communities for Children Supporter - \$310	[ ] Marketing P	artner - \$ 795		
[ ] Gladstone Region Supporter- \$310	•	ortnership – Customised for more information!)		
Your Payment				
[ ] Direct Deposit GAPDL will email a Tax Invoice w	ith payment details upon receipt of this	form		
[ ] Payment by Credit Card Sorry we do not accept	AMEX			
TOTAL COST:			_	
Cardholders Name				
Card Number		Expiry Date		
Cardholder's Signature				
[ ] <b>Ezi Debit Monthly Payments</b> Ezi Debit allows an Ezi Debit application upon receipt of this form.	you to pay your membership monthly (	additional fees will apply). GAPDL will emo	ıil	
Please sign				
I/We consent to having membership details includ members. I/We consent to receiving communication apply as a partner of GAPDL under its constitution as outlined in the GAPDL Membership Prospectus.	on from GAPDL and wish to receive the street on the same sand by-laws. I/We have read	ne GAPDL E-Newsletter. I/We wish to	;	
Applicants Name	Signature	Date		
Board Approval				
Proposer Name	Signature	Date		

## Where to send your completed form

Seconder Name

Email: gapdl@gapdl.com.au Mail: Complete the form and post to GAPDL, PO Box 5186, Gladstone QLD 4680

\_\_\_\_\_ Signature \_\_\_







#gladstoneregion #visitagnes1770 #southerngreatbarrierreef