APPLICATION FOR MEMBERSHIP

BUSWA (School Bus)

Application Date: office use only

APPLICANT DETAILS

Full Name: First name Last name

Job Title/Position:

Phone: Mobile:

Email:

As the main point of contact, this email address will be used for all communications (Communique's, latest news and special offers, invoicing etc.)

Please list any other key contacts within your company who wish to receive our communications.

1.	Full Name	Job Title	Email
2.	Full Name	Job Title	Email
3.	Full Name	Job Title	Email

COMPANY DETAILS

Company/Trading Name: ABN:

Street Address:

Suburb: State: Postcode:

Postal Address (if different):

Number of school buses: EVERGREEN TENDERED

MEMBERSHIP FEES

Annual membership fees are calculated upon the scale of your operations/nominated fleet size as per the table below.

All membership fees are EXCLUSIVE OF GST. Membership is based on financial year (1 July to 30 June). During the month of July, all members are provided with an invoice for the next 12 months' membership.

Tendered Contracts	$200.00 per contract Maximum $4000 above 20 Buses
1 - 10 (Evergreen)	$475.00 plus GST (per contract)
11 - 20 (Evergreen)	$425.00 plus GST (per contract)
21 - 30 (Evergreen)	$375.00 plus GST (per contract)
31 - 40 (Evergreen)	$325.00 plus GST (per contract)
41 - 50 (Evergreen)	$275.00 plus GST (per contract)
51 - 60 (Evergreen)	$225.00 plus GST (per contract)
61 - 80 (Evergreen)	$175.00 plus GST (per contract)
81 -100 (Evergreen)	$150.00 plus GST (per contract)

Membership Fee **$** _____

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PAYMENT

Membership fees for new members including the once off nomination fee are due at the time of application and can be paid using the following methods.

Please select a payment method:

☐ I have paid via Direct Deposit / EFT to BusWA- BSB: 066-153 Account: 1069 9217 Bank: CBA

☐ I require an invoice

DECLARATION

I/we apply for membership and if accepted, agree to be bound by the Constitution and Rules of Association and declare that the number of company vehicles nominated on this application are an accurate reflection of the scale of my/our company operations at the time of application.

Signed: _____ **Date:** _____

PLEASE RETURN ALL COMLETED APPLICATIONS TO BUSWA:

Address: **PO Box 25 Mandurah WA 6210 |** Email: **johnd@buswa.com.au**
Phone: **0418 914 815** | ABN: 44 565 451 378 | www.buswa.com.au