MEMBERSHIP APPLICATION FORM **Freight Forwarders / Customs Brokers**Freight & Trade Alliance Pty Ltd **ABN: 5916 0523 384**

Please forward the completed form to Caroline Zalai czalai@FTAlliance.com.au

**Applicant details**

Business Name: \_\_\_\_\_\_\_\_ ABN: \_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_ Position: \_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Mobile: \_\_\_\_ Email: \_\_\_\_\_\_

Web Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Subscription**

**Standard Subscription**

**Premium Subscription** – number of employees:

less than 10 less than 30 less than 50 less than 100 more than 100

**Terms & Conditions**

FTA will issue a tax invoice on receipt of the above information. Payment Terms are 14 days (EFT, credit card or cheque).

1. **FTA will issue a username and password allowing access to restricted information and a search engine for archived content**
NOTE: FTA encourages dissemination of the password details to all employees (multiple staff can be logged in at the same time). The username and password must not to be provided to any external business entity or individual. Should a breach of this condition occur, FTA may terminate the subscription and the subscriber will forfeit the current period’s subscription fee.
2. **FTA will provide the "FTA - Your Business Partner" Logo** (.eps and .jpeg)
NOTE: The intended use of the logo must be approved by FTA before a subscriber may place it on a website or other communication materials;
3. **FTA will disseminate FTA notices/Weekly Reports to nominated contacts**
NOTE: subscribers should nominate recipients by providing email address and name to Caroline at czalai@ftalliance.com.au or complete details directly on the following URL

<http://ftalliance.us6.list-manage2.com/subscribe?u=e9d77c8ae8&id=1e8159378a>

**Signature / Name**  \_\_\_\_\_\_\_\_ **Date** \_\_\_\_ **Directory Listing**

Please provide the following information for each state office for inclusion on the FTA directory at [www.FTAlliance.com.au](http://www.FTAlliance.com.au) and delivery of complimentary quarterly ‘Across Borders’ magazine.

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| --- | --- |
| Business Name |  |
| Contact Name |  |
| Phone |  |
| Email |  |
| PO Box Address FTA - Across Borders Magazine delivery |  |
| Office suburb / state |  |

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