****MEMBERSHIP APPLICATION FORMAustralian Peak Shippers Association Inc. **ABN: 20 947 496 918**

Please forward the completed form to Caroline Zalai - admin@auspsa.com

**Applicant details**

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

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

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

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

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

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accounts Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Full Membership*

*Affiliate Membership*

*Association Membership*

**Terms & Conditions**

Australian Peak Shippers Association Inc (APSA) will issue a tax invoice on receipt of the above information. Payment Terms are 14 days (EFT, credit card or cheque).

1. **APSA will issue a username and password allowing access to restricted information and a search engine for archived content on the APSA/Freight & Trade Alliance (FTA) combined website**
NOTE: APSA 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, APSA may terminate the membership and the member will forfeit the current period’s membership fee.
2. **APSA will disseminate Notices and Weekly Reports to nominated contacts**
NOTE: members should nominate recipients by providing email address and name to Caroline at admin@auspsa.com
3. APSA and FTA will provide a quarterly magazine "Across Borders" to APSA members free of charge. This will be mailed to the contacts provided in each state office on the next following form.

 **Signature / Name**  \_\_\_\_\_\_\_\_ **Date** \_\_\_\_

**APSA “Across Borders” magazine recipient details**

Please provide the following information for each state office.

|  |  |
| --- | --- |
| Business Name |  |
| Contact Name |  |
| Role |  |
| Phone  |  |
| Mobile Phone |  |
| Email |  |
| Branch Address |  |
| Mailing/PO Box AddressAcross Borders Magazine delivery |  |
|  |  |
| Business Name |  |
| Contact Name |  |
| Role |  |
| Phone  |  |
| Mobile Phone |  |
| Email |  |
| Branch Address |  |
| Mailing/PO Box AddressAcross Borders Magazine delivery |  |
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| Business Name |  |
| Contact Name |  |
| Role |  |
| Phone  |  |
| Mobile Phone |  |
| Email |  |
| Branch Address |  |
| Mailing/PO Box AddressAcross Borders Magazine delivery |  |

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| Business Name |  |
| Contact Name |  |
| Role |  |
| Phone  |  |
| Mobile Phone |  |
| Email |  |
| Branch Address |  |
| Mailing/PO Box AddressAcross Borders Magazine delivery |  |
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