

ACT Taxi Plate Owners' Association Inc.

MEMBERSHIP APPLICATION FORM – (NEW)

(Home Address and Postcode).....

Hereby apply for financial membership (new) of The ACT Taxi Plate Owners Association (ACTTPOA) Inc.

Signature.....Date.....

(Name typed to return by Email is taken as "Original Signed")

My personal and contact details are:

(NB: All information provided will be kept absolutely confidential by the ACTTPOA)

I / We, am /are, the Owner/s of Taxi Plate/s No./s.....

Home Phone: Mobile Phone:

Email (Personal): Email (Alternate):

Occupation: Work Phone:

I/we, am /are, also shareholders in the Aerial Capital Group (circle appropriate response) YES NO

General Membership Joining Fee: - \$20.00

Payment methods: Direct Debit OR Cheque

BSB#: 633 000

Account #: 157128547

Your completed membership form and cheque (made payable to the ACT Taxi Plate Owners Association Incorporated) must be forwarded to Kathy Schlegel, Secretary, ACTTPOA, PO Box 1425, Canberra ACT 2601. Please also mark the envelope as follows: Attention: Peter Veenstra, Treasurer

It also would be appreciated if your completed Membership Form, whether paying by cheque or direct debit, be submitted by return email to me at philbutton@grapevine.com.au or by **fax** to me **(02 6251 5119)** at your earliest convenience.

Phil Button

Chairman

OFFICE USE ONLY

General membership joining fee (\$20) received from

Date: Received by: Receipted on:

(Receipts will be forwarded electronically once processed)-----