



OPEN CITIES

Service Alliance

Membership Application

In applying to become an Open Cities member you are agreeing to our *terms and conditions* and member *code of conduct*.

Once we receive your completed form and your application is approved, we will send you an invoice.

Membership is active from the date of payment, which must be received within 30 days of invoicing. If you need any information please contact Lisa McLean- lisa@opencities.net.au

Membership Details

Membership type

OPEN CITY		
Small	(\$2000 +GST)	<input type="checkbox"/>
Large	(\$4500 +GST)	<input type="checkbox"/>
RESEACH & EMERGING	(\$1,000+GST)	<input type="checkbox"/>
GROWING	(\$5000 +GST)	<input type="checkbox"/>
ESTABLISHED	(\$10,000 +GST)	<input type="checkbox"/>
NOT FOR PROFIT	(\$0)	<input type="checkbox"/>

Company Details

Company name: _____

Trading name: _____

ABN: _____

Number of employees: _____

Annual turnover: _____

Company description: _____

Contact Details

Contact Name: _____ Position: _____

Phone: _____ Email: _____ Website: _____

Street Address

Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address

As above:

Address: _____

Suburb: _____ State: _____ Postcode: _____

Industry Details

Industry sector

Please select all that apply

DATA	<input type="checkbox"/>	RESEARCH OR DONOR	<input type="checkbox"/>
ENERGY	<input type="checkbox"/>	GOVERNMENT	<input type="checkbox"/>
MOBILITY	<input type="checkbox"/>	NGO	<input type="checkbox"/>
TELCO	<input type="checkbox"/>	UNIVERSITY	<input type="checkbox"/>
WASTE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
WATER	<input type="checkbox"/>		

If other, please specify: _____

Your Membership

What are your main reasons for becoming a member of *Open Cities*?

Open Cities Bank Details

Once your application is approved, we will send you an invoice for your membership fee, please make payment into the following account:

Bank Australia

Account name: Open Cities

BSB: 313140

Account number: 12159833

Confirmation

I agree to the terms and conditions and member code of conduct of Open Cities

YES

NO

I certify that my answers are true and complete to the best of my knowledge

YES

NO

Signature: _____

Date: _____

CEO/ Chair Signature: _____

Date: _____