

Please complete the applicable information below as accurately as you can, as this information will be used for your Directory Listing/s. Please also note that Membership Applications will not be processed until payment has been received in full or monthly arrangements made

COMPANY DETAILS

Business Name	ABN
Email	Phone
Street Address	
Postal Address	
Website	Facebook
Instagram	Youtube

CONTACT DETAILS

Owner/Manager	Phone
Direct Email	
Marketing Contact	Phone
Direct Email	
Finance/Accounts	Phone
Direct Email	

BUSINESS PROFILE Please provide a minimum of 50 words outlining your business. This will be used for inclusion in any appropriate promotional material created by GAPDL

Please tick relevant level for your business

 GLADSTONE REGION NFP OR COMMUNITY GROUP **\$99**
 GLADSTONE REGION SUPPORTER **\$310**
 CORPORATE PARTNERS **\$1000**
 BUSINESS ESSENTIALS **\$515**
 MARKETING PARTNER **\$795**
 CUSTOM PARTNERSHIP

PAYMENT DETAILS

DIRECT DEPOSIT GAPDL will email a Tax Invoice with payment details upon receipt of this form

CREDIT CARD sorry we do not accept AMEX

Card Type VISA Mastercard Cardholders Name: _____

Card No.

Exp Date ___ / ___ CCV No. Signature: _____

ezi debit monthly payments Ezi debit allows you to pay your membership monthly (additonal fees will apply). GAPDL will email an Ezi Debit application upon receipt of this form.

PLEASE SIGN

I/We consent to having membership details included in GAPDL's membership database which may be available to other members. I/We consent to receiving communication from GAPDL and wish to receive the GAPDL E-Newsletter. I/We wish to apply as a partner of GAPDL under its constitutions, rules and by-laws. I/We have read and agreed to the terms and conditions as outlined in the GAPDL Membership Prospectus.

Applicants Name: _____ Signature: _____ Date: _____

WHERE TO SEND YOUR COMPLETED FORM/ CONTACT

GLADSTONE

EMAIL: gapdl@gapdl.com.au

MAIL: Complete the form and post to
GAPDL, PO Box 5186, Gladstone Q 4680

PH: 07 4972 4000

AGNES WATER

EMAIL: melissa.smith@gapdl.com.au

MAIL: Complete the form and post to
GAPDL, 71 Springs Rd, Agnes Water Q 4677

PH: 07 4972 4000

INTERNAL USE ONLY

GAPDL BOARD APPROVAL

Proposer Name: _____ Signature: _____ Date: _____

Seconder Name: _____ Signature: _____ Date: _____