

**Australian Emergency Care Providers Ltd**

ABN 81 131 959 281

PO Box 3686, Rouse Hill NSW 2155

Contact: secretary@aecp.com.au

Fax: 1300 980 385

**MEMBERSHIP APPLICATION: 2011 – 2012****Company Details**

Business name	ABN	
Address		
Mailing address		
Contact person	Position	
email		
Phone	( )	Fax ( )
Mobile		
Web address	www.	

Type of business	<input type="checkbox"/> RTO <input type="checkbox"/> Non-RTO Training organisation <input type="checkbox"/> Partnership	<input type="checkbox"/> Sole trader <input type="checkbox"/> Not for profit <input type="checkbox"/> Other _____
Representation	<input type="checkbox"/> National <input type="checkbox"/> NSW/ACT	<input type="checkbox"/> Vic/Tas <input type="checkbox"/> QLD <input type="checkbox"/> SA/NT <input type="checkbox"/> WA
Products and services	<input type="checkbox"/> First aid training <input type="checkbox"/> Safety training <input type="checkbox"/> Fire training	<input type="checkbox"/> First aid kits/supplies <input type="checkbox"/> Equipment <input type="checkbox"/> Other: _____
No of employees	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time <input type="checkbox"/> Casual/Contract

**Membership**

Membership fees are based on the number of employees in your organisation, not including facility and service providers.  
Please tick the level of membership

No of employees	1-9	10+	Membership fees include GST
Membership fees	<input type="checkbox"/> \$330.00	<input type="checkbox"/> \$660.00	

**Payment Options**

<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Cheque	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Other _____
Credit card number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Expiry /
Cardholders name	Signature			
Direct deposit	Australian Emergency Care Providers Ltd			
BSB:	<b>032 179</b>	Account No:	<b>229062</b>	

- Return this application with payment to:  
PO Box 3686, Rouse Hill, NSW, 2155 or Fax to: 1300 980 385
- On receipt a paid tax invoice will be mailed to your mailing address
- Enquiries regarding this application should be made to Ray Schroeder at [secretary@aecp.com.au](mailto:secretary@aecp.com.au)

Thank you for your application. We look forward to making AECPCP an organisation responsive to the needs of the pre-hospital care industry.