



OFFICE USE ONLY

ID#: _____

Entry date: _____

Membership & Loyalty Card Application

Applicant Information

Name:

Address:

Suburb:

Postcode:

Phone No.

Mob No.

Email:

Company Information

Name of company:

ABN or ACN:

Address:

Suburb:

Postcode:

Mailing Address:

Suburb:

Postcode:

Contact name:

Contact Phone No.

Email: _____

I have read and accept the attached Terms and Conditions for WA VIP Charter.