

# **INDUSTRY AFFILIATION FORM**

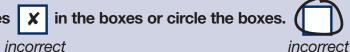
#### **GENERAL INFORMATION**

Please read the Companion Card Industry Handbook before completing this form.

#### DO NOT FOLD THIS FORM

Please complete this form in BLOCK LETTERS using a blue or black pen.

When completing this form please place ticks in the boxes provided, Please DO NOT place crosses





incorrect

### **COMPANION CARD PROGRAM ENQUIRY LINE: 1800 009 501**

Tasmanian Companion Card Program staff are available during business hours to respond to queries regarding affiliation.

#### **PRIVACY**

All information collected by the Companion Card Program throughout the affiliation process will be recorded and stored in a database and used solely for the purposes of administering the Companion Card and, where consent is given, for evaluation purposes. The information will not be shared, used or disclosed to anyone who is not involved in the administration or implementation of the program. The information collected can be accessed via written request to the Companion Card Progam. The information supplied will be handled in accordance with the privacy principles contained in the Personal Information Protection Act 2004 (Tas).



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**VERSION 01/2006T** 



# **ITEM 1. ORGANISATION DETAILS** Organisation Name: **Business Address:** Suburb: Postcode: State: Postal Address (if different from above): Suburb: Postcode: State: Telephone: Facsimile: Website (if available): ITEM 2. CONTACT PERSON FOR AFFILIATION-RELATED ISSUES Title (Mr/Mrs/Ms/Miss): First Name/s: Surname: Position in Organisation: Telephone: Facsimile: Email (if available):



#### **ITEM 3. SERVICE PROFILE**

3A.	Please provide a brief description of your organisation's activities, and list all the Australian states/territories in which you operate.		

**3B.** If your organisation operates services or venues that have a particularly high profile but which are not easily identifiable as part of the same organisation, you are encouraged to list them separately below. These services/venues will be specifically listed as key affiliates in the Companion Card database.

This may apply to organisations that manage a range of facilities, services and/or grants. It is not necessary for organisations with multiple outlets that trade under the same name (e.g. a chain of cinemas) to list every outlet.

If you require additional space to complete this table, please photocopy this page and attach it using paperclips or fold-back clips only.

Name of Venue/Event/Activity/Grant	Description	Suburb



## ITEM 4. PROMOTIONAL MATERIAL

You will be sent promotional material for display at point-of-sale when you affiliate. The size and number of promotional packs that you require will depend on the number of ticket boxes, outlets, venues or events at your organisation. Additional materials are available after affiliation, upon request (refer to the Industry Handbook). Please indicate your initial requirements below. Please tick:						
	Small Pack (suitable for single locations)	Number of Packs:				
	Medium Pack (suitable for up to 10 locations)	Number of Packs:				
	Large Pack (suitable for up to 30 locations)	Number of Packs:				
ITEM 5. AFFILIATE STATEMENT						
I am an authorised representative of the organisation listed in ITEM 1.  On behalf of the organisation:  1. I understand and accept the Companion Card Affiliate Terms and Conditions and agree to accept the Companion Card at all Australian outlets.  2. I consent to the organisation's name, service description, list of services and website address being published on the Companion Card website or in other promotional communication as a Companion Card affiliate.  Please tick: Yes No No The organisation intends to collect statistics on the use of Companion Cards at its venues/events, and will be prepared to share this non-identifying data with the Companion Card program for evaluation purposes.  Please tick: Yes No Date: No Date: // // // // // // // // // // // // //						
Name of authorised representative:						
Positi	ion:					
Signa	Date:					
	PLEASE DO NOT FOLD Please return this form in the envelope provided Companion Card App Companion Card Program, Departme GPO Box 123, Hobart, Ta	d (or in any C4-sized envelope) to:  olications  nt of Premier and Cabinet				