



Membership Application Form

I would like to join / renew my membership for the QTN.

Details are:

Business Name		ABN:
Street		City:
Suburb		Post Code:
P O Box		Phone:
Suburb		Fax:
City		State/Country: QLD
Website		Employee Nos;

Company representatives (for meetings and seminars)

Name: _____ contact phone: _____

e-mail address: _____

Name: _____ contact phone: _____

e-mail address _____

Fee enclosed for: (*tick applicable boxes*)

Ordinary membership Annual Fee \$300.00

Supplier membership Annual Fee \$250.00

Associate membership Annual Fee \$75.00

Total \$
+ GST \$ _____

Cheques should be made payable to PARTEC.

Post to: **QTN**, c/o PARTEC, PO Box 459, Mt. Gravatt 4122