Become a VTIC member today



Simply complete the details below

Select automatic renewal

the annual or monthly fee.

For uninterrupted membership, tick here for automatic

membership renewal. Your nominated account will be debited

Title	Full name															
Position					Date											
Company					ABN											
Trading name (if different)	ı															
Address																
Suburb/Town/City											Posto	ode				
Postal Address (if different	:)															
Suburb/Town/City											Posto	ode				
Telephone				Mobile	!											
Email																
Web address																
Twitter handle					(Please foll	'ow	VTIC	on T	witte	er. G	io to	twitte	er.cor	n/VT	ICNe	ews)
Facebook page					(Please like VT	TIC d	on Fa	cebo	ok. C	ão t	o fac	eboo	k.con	n/VTi	'CNe	·ws)
Do you have a careers pag	ge on your website	? Please prov	ide the URL/web a	ddress												
Were you referred?	Yes No	Referrer	Amber Gardner,	Fourism North	h East											
Select your					t the indu							t				
Membership (ption			applio	cable to y	/OI	ur I	bus	ine	SS	:					
Connect \$7,500		\$5 000 pa	(±GST)	☐ Accor	mmodation ctions											
□ VTIC Complete S		45,000 pa ((+051)	Desti	nations (loc	al a	and	regi	ona	l)						
☐ VTIC Essentials :	650 pa (+GST)			☐ Event												
☐ In the Loop \$45	}×pa×(**@\$\F)× TN	IE SPECIA	L only \$50pa +	GST	and Transpo sm Services		ч н	neni:	talit	.						
VTIC membership may Financial Advisor	be tax deductible	- please chec	k with your		siii Services	an	u 110	озрі	tairt	У						
Please note: Multi sector be charged at 25% of the			per to engage with	more than or	ne industry sec	tor	polic	y cor	nmit	tee.	Each	addi	tiona	l sec	tor v	vill

Select preferred debit period

☐ Annual debit

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Other key contacts

Email

The main contact named overleaf will receive all written communications from VTIC. Please list below other key contacts to receive electronic communications from VTIC.							
Name	Title						
Email							
Name	Title						

Name	Title					
Fmail						

Payment Options (please select preferred payment method)

	Originator Number	
CREDIT CARD	(Office Use Only)	
Card type		
Card Number		
Card Holder Name		
Expiry Date Security/CVV code - 3 digit (or AMEX - 4 digit)		
☐ DIRECT DEBIT		
Financial Institution Name		
Account name		
Branch No. BSB Account Number		
Expiry Date Security/CVV code - 3 digit (or AMEX - 4 digit) DIRECT DEBIT Financial Institution Name Account name		

CHEQUE (please enclose cheque and post to VTIC - postal details below)

SIGNATURE

By signing this application form the signatory acknowledges that they have authority to sign this application form on behalf of the business and to agree to the terms and conditions contained in this application form.

FAX: 03 8662 5449 with credit card or direct debit details

PHONE: 03 8662 5333 with credit card details or to arrange EFT payment 8:45am - 5:15pm Mon to Fri

POST: Post completed form to VTIC GPO Box 4352 Melbourne VIC 3001

EMAIL: Scan form and email to membership@vtic.com.au with credit card or direct debit details

Privacy notification

VTIC is committed to ensuring the privacy and security of all personal information collected from our members, customers and others who make contact with us. VTIC complies with the Privacy Act (Com) in so far as it applies to our business operations. The information collected on this form is for the purposes of processing your application for membership. In completing the form you will also be providing personal information about yourself or other personnel in connection with within your business. If that information is not provided VTIC will be unable to process your application and provide you with access to our membership services. Your personal information is not disclosed to any overseas recipients. VTIC's Privacy Policy is located on its website www.vtic.com.au.