

MEMBERSHIP APPLICATION – AUSTRALIA FORM 2011-2012



1. Your Details: please provide us with details about you and your organisation.

Organisation: _____

Contact person name: _____

Your position: _____

Postal address: _____

City/town _____

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Date of Application: _____

Associate members:	Name	Email
<i>Each organisation can have 5 additional staff listed as associate members who receive newsletters, technical notes and access to the members' website.</i>	1	_____
	2	_____
	3	_____
	4	_____
	5	_____

2. Membership Fee: select the membership category that best describes your organisation.

For Australia Annual Fee, pay fee shown.

	Category	Description	Fee (AUD)
<input type="checkbox"/>	A1	Government Agencies, Ministries, Departments or SOE's	\$4,800
<input type="checkbox"/>	B0	Council or Council Controlled Entities over 500,000 population	\$4,800
<input type="checkbox"/>	B1	Regional, City & District Councils over 100,000 population	\$2,400
<input type="checkbox"/>	B2	Regional, City & District Councils 20,000 to 99,999 population	\$1,200
<input type="checkbox"/>	B3	Regional, City & District Councils under 20,000	\$600
<input type="checkbox"/>	C1	Consultancies & Companies with 3 or more Australia offices	\$2,400
<input type="checkbox"/>	C2	Consultancies & Companies with 2 Australia offices	\$1,200
<input type="checkbox"/>	C3	Consultancies & Companies with 1 Australia office & 2+ partners	\$600
<input type="checkbox"/>	C4	Sole operator Consultancies & single director companies	\$350
<input type="checkbox"/>	D1	Voluntary Professional Bodies and Incorporated Societies	\$350
<input type="checkbox"/>	D2	Any real person as an individual but not a consultant	\$350

3. Payment:

On receipt of your application/membership fee we will forward you a joining pack including the CD Database.

You can pay by direct credit to our Australian (Perth) Westpac bank account – 036087 445364

If you require a purchase order number before invoicing please record it here: _____

For payment by Credit Card please complete the details below.

Cardholder Name:	_____		
Type:	Visa	Mastercard	
Card number:	_____	_____	_____
Expiry date:	_____		
Cardholder Signature	_____		

Office Use Only	Date Received:
Member Number:	Date Joining Pack Sent:

Trips Database Bureau is a cooperative of New Zealand and Australian engineers and planners. The Bureau surveys and researches trips, parking and travel patterns to assist with transportation assessments.

TRIPS DATABASE BUREAU

Administrator Stuart.Woods@tdbonline.org
 Phone +64 3 345 7737 www.tdbonline.org
 PO Box 28105 Christchurch 8242 New Zealand
 Secretary admin@tdbonline.org
 Phone +64 3 367 9902 Fax +64 3 377 4702