|  |
| --- |
| **Corporate Membership Application Form** |

|  |  |
| --- | --- |
|  | **About your enterprise** |
| Enterprise name: |  |
| Postal address: |  |
|  |  |
| Town: |  |
| State: |  |
| Postcode: |  |
| Nature of business: |  |

|  |  |
| --- | --- |
|  | **About your Training** |
| Is the training you deliver in house (not accredited), through an RTO, or a combination of both: |  |
| If through an RTO, which RTO(s): |  |
| : |  |
| Training is delivered in which States: |  |

**Representative & Alternate Representative:** *Each Corporate member enterprise must nominate one* ***representative*** *and one* ***alternate****. These are the people authorised to represent your enterprise at ERTOA meetings and events.*

|  |  |
| --- | --- |
|  | **About your representative** |
| Name: |  |
| Position: |  |
| Email: |  |
| Telephone #: |  |
| Mobile #: |  |

|  |  |
| --- | --- |
|  | **About your alternate representative** |
| Name: |  |
| Position: |  |
| Email: |  |
| Telephone #: |  |
| Mobile #: |  |

|  |  |  |
| --- | --- | --- |
| ***\*Application nominated by:*** |  | ***Date:*** |
| ***\*Seconded by:*** |  | ***Date:*** |

***\*****All new applications for membership require a formal nomination from an existing Association member. Please include the names of the existing members who are nominating you,* ***or leave the field blank if you haven't yet arranged this.***

|  |
| --- |
| Please email the completed form to:  memberservices@ertoa.org.au |