



Industry Affiliation Form

GENERAL INFORMATION

Please read the Companion Card Brochure and Terms and Conditions before completing this affiliation form

COMPANION CARD INFORMATION LINE: 1800 893 044

The Companion Card Information Line Staff are available during business hours to respond to queries regarding affiliation. Alternatively you contact the Affiliate Manager at companioncard@nds.org.au.

PRIVACY

The information collected will be recorded and stored in the Companion Card data base and used for administering the Companion Card program in accordance with the privacy principals on the *Privacy and Personal Information Protection Act 1998* (NSW)

Office use only



NSW Companion Card is administered by NDS for the NSW Government

ITEM 1. ORGANISATIONAL DETAILS

Organisation name	<input type="text"/>						
Business	<input type="text"/>						
Address	<input type="text"/>						
Suburb	<input type="text"/>						
State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>						
Suburb	<input type="text"/>						
State	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	<input type="text"/>						
Facsimile	<input type="text"/>						
Website	<input type="text"/>						
Email address	<input type="text"/>						

ITEM 2. CONTACT PERSON FOR AFFILIATION RELATED ISSUES

Title	<input type="text"/>										
First name	<input type="text"/>										
Last name	<input type="text"/>										
Position in organisation	<input type="text"/>										
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Facsimile	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>										

ITEM 4. PROMOTIONAL MATERIAL

You will be sent promotional materials 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 or business. Additional materials are available, upon request. Please indicate your initial requirements below.

Please tick:	<input type="checkbox"/> Small Pack (<i>suitable for single locations</i>)	Number of Packs: <input type="text"/>
	<input type="checkbox"/> Medium Pack (<i>suitable for up to 10 locations</i>)	Number of Packs: <input type="text"/>
	<input type="checkbox"/> Large Pack (<i>suitable for up to 30 locations</i>)	Number of Packs: <input type="text"/>

ITEM 5. AFFILIATE STATEMENT

On behalf of the organisation:

- I understand that I am signing to the Companion Card Program.
- I understand and accept the Affiliate Terms and Conditions and agree to accept the Companion Card at all Australian outlets.
- I consent to the organisation's name, service description, list of services and web address being published on the Companion Card website or in other promotional communication as a Companion Card Affiliate.

Please tick: Yes No

- The organisation intends to collect statistics on the use of Companion Cards at venue/ events and is prepared to share this non-identifying data with Companion Card for evaluation purposes

Please tick: Yes No

- The organisation will begin to officially recognise the Companion Card from:

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Name of authorised representative

Position

Signature

Please return this form to:

Companion Card
PO Box R160
Royal Exchange NSW 1225

If you know of another organisation that we could approach to be part of the Companion Card Program please list them below
