

Membership Application 2021 – 2022

Organisation

Organisation Name _____

ABN _____ Website _____

Address _____

_____ State _____ Postcode _____

Postal Address (if different from above) _____

_____ State _____ Postcode _____

Telephone _____

Social Media

Facebook _____

Twitter _____

Instagram _____

LinkedIn _____

Other/s _____

Nominated Contact Person (person who will receive communications and invitations etc)

Name _____

Position _____

Phone _____ Mob _____

Email _____

Person Responsible for Payment of Membership (if different from above)

Name _____

Position _____

Phone _____ Mob _____

Email _____

About Your Transport Service/s

Number of Vehicles: Cars _____ Buses _____

Geographical Coverage/LGA's: _____

How does your service/s operate?

Volunteers Y / N Paid Drivers Y / N

Mixture of volunteers and paid workers Y / N Other: _____

Please describe the type of Transport Service/s your organisation provides: [eg bus shuttle service, individual transport] _____

Funding Sources

Do you receive funded to deliver Transport from the following:

Australian Commonwealth Government Y / N

State Government Y / N

NDIS Y / N

Other: _____

Please indicate which category applies to your organisation:

Annual Income for Community Transport	FEE (incl GST)	Payment
Under \$10,000	\$100	
\$10,000 to \$50,000	\$125	
\$50,000 to \$100,000	\$190	
\$100,000 to \$350,000	\$220	
Over \$350,000	\$350	
Local Government	\$350	
Associate Membership	\$160	
Total Payment		

I support the purposes of the VICTAS Community Transport Association and agree to comply with the rules of the Association.

Signature _____ **Date** _____

A tax invoice will be forwarded once the committee has approved your application for membership. Please forward application to the VCTA at email or postal address above.

Office use: Date received _____ Date approved _____ Applicant notified _____