



A membership-based organisation assisting companies since 1996 to develop and unleash the full potential of their people, equipment and processes using our proven **TPM & Lean (TPM³)** approach

APPLICATION FOR MEMBERSHIP

MEMBERSHIP DETAILS:

Company Name: _____

Address: _____

Postcode: _____

Telephone: () _____ **Fax:** () _____

Email: _____

Company Main Contact Person or Individual Members Details:

(All membership correspondence will be sent to this person along with renewal notice)

Name: _____

Position: _____

Postal Address (if different from above): _____

By completing this form you hereby give your consent to receive TPM³ and related material via fax, post and email

NO. OF EMPLOYEES TO BE COVERED:

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual Employee (1) | <input type="checkbox"/> 2 – 49 Employees | <input type="checkbox"/> 50 – 99 Employees |
| <input type="checkbox"/> 100 – 249 Employees | <input type="checkbox"/> 250 – 499 Employees | <input type="checkbox"/> 500 – 999 Employees |
| <input type="checkbox"/> 1000 – 1499 Employees | <input type="checkbox"/> 1500 > Employees | |

TYPE OF MEMBERSHIP:

Individual (1)

Site Only

Total Company

Site Name & Location: _____

ANNUAL FEE STRUCTURE (\$AUD)

Individual	\$100 + 10% GST =	\$110
2 – 49 employees	\$250 + 10% GST =	\$275
50 – 99 employees	\$500 + 10% GST =	\$550
100 – 249 employees	\$1,000 + 10% GST =	\$1,100
250 – 499 employees	\$1,500 + 10% GST =	\$1,650
500 – 999 employees	\$2,000 + 10% GST =	\$2,200
1000 – 1499 employees	\$2,500 + 10% GST =	\$2,750
1500 > employees	\$3,500 + 10% GST =	\$3,850

Signed:..... **Date:**.....

THIS APPLICATION FORM BECOMES A TAX INVOICE FOR GST UPON PAYMENT.
ABN 72 071 359 085

Method of Payment (Please note our preferred method of payment is via Electronic Funds Transfer – EFT)

Fee Payable: \$ _____

- EFT** Westpac – BSB 032 695 – Account Number 120 426
 Cheque enclosed made payable to: **CTPM** Australasia
 Invoice company on purchase order no. _____
 Charge to my credit card - 3% *Transaction Fee applies*

We accept Visa, American Express, Bankcard or Mastercard

Visa American Express Bankcard Mastercard

Signature: _____ Expiry Date: _____

Name on credit card: _____

Please complete this form and return with payment to:

CTPM Australasia
PO Box 1039 WOLLONGONG NSW 2500
Ph: 02 4226 6184 Fax: 02 4226 6218
Email: ctpm@ctpm.org.au

For further information about membership activities within your region please contact:

Head Office	Debbie Kennedy, Marketing Director	02 4226 6184
NSW / QLD / WA	Ross Kennedy, CTPM President	0418 206 108
VIC / SA / TAS	Larry Mazza, CTPM Director	0408 743 214

PRIVACY POLICY

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