



Hinterland Tourism Sunshine Coast Membership Application Form

Membership co-ordinator contact details.

Please contact the following for all Membership Application matters:

Hinterland Tourism

President: Kerry Brown

Secretary: Ali Hoffmann

Administration Officer: Mark Skinner

Postal Address: PO BOX 180, Montville, QLD 4560

Email: info@hinterlandtourism.com.au

Website: www.hinterlandtourism.com.au

Phone: 0403 445 104

Your Details:

Business Name (to be displayed on HTSC website):

Company Name (if different from above):

Primary Contact Name:

Primary Contact Position:

Street Address:

Post Code:

Postal Address: Please tick if the same as street address

Post Code:

Telephone: ()

Fax:

Email:

Mobile:

Website:

Social Media Addresses:

Secondary Contact (if applicable)

Name:

Position:

Direct Phone: ()

Mobile:

Fax:

Email:

For Your Hinterland Tourism Website Listing:

Please indicate your **PRIMARY** business category with the letter 'A':

- Nature & Recreation Stay Health & Beauty
 Food & Wine Arts & Culture
 Shopping Wedding

Note: (Optional) A second category may be purchased for display on website for an additional \$50 per annum. Please indicate second category if required with the letter 'B'

- Membership Year 1st July to 30th June \$250 (inc GST).
 Secondary Membership Category Fee \$50 (Optional).
 Membership Fee for second business under same ownership \$125 (inc GST).
 Associate Membership (no direct financial interest in tourism. Excludes map and website listing) \$50
 Optional Maleny Visitor Information Centre inclusion \$20

In conjunction with the Maleny Visitor Information Centre, we offer a \$20 special rate for members to display their brochure in their Maple Street centre and list on the maleny.qld.au website, valued at \$50.

Documentation required with your application (Please circle):

- 1: Copy provided of Council Approval to operate your business (eg License) Yes / No
- 2: Copy provided of Public Liability Insurance (Min. \$10 million) Yes / No
- 3: If you are an accommodation provider we require evidence that you are paying the Transitory Accommodation general rate. This information is on your rates notice. Copy attached? Yes / No

I/We hereby apply for membership of the Hinterland Tourism Sunshine Coast and in doing so agree to abide by the Model Rules of the Association of the Hinterland Tourism Sunshine Coast (available at www.hinterlandtourism.com.au).

Name: _____
Date: _____
Signature: _____

Proposed by: _____
Seconded by: _____

Payment Options:

- Direct Credit: BSB 484 799 Account 450272310.** Please use your name as reference so we know who the payment is from!
- Credit Card:** Payment may be made by Visa or Mastercard. An invoice will be emailed to you with a payment link. A 2% service fee applies to credit card payments.
- Cheque:** Please make your cheque payable to: Hinterland Tourism Sunshine Coast and post to:
Hinterland Tourism P.O Box 180 Montville, QLD 4560

Hinterland Tourism is pleased to work in partnership with Visit Sunshine Coast

OFFICE USE ONLY:

- | | |
|---|--|
| <input type="checkbox"/> INVOICE | <input type="checkbox"/> PAYMENT RCVD |
| <input type="checkbox"/> MAILING DATABASE | <input type="checkbox"/> MEMBER DATABASE |
| <input type="checkbox"/> WEBSITE LISTING | <input type="checkbox"/> WELCOME EMAIL |

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