



# Membership Form

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## MEMBERSHIP CATEGORY

Business     Not For Profit     Community Member *(Please type 'NA' in fields that don't apply to you)*

## REGISTERED BUSINESS NAME OR ORGANISATION

## ABN/ACN

## YEARS IN OPERATION

## TRADING NAME

## FIRST NAME

## LAST NAME

## EMAIL

## BUSINESS DESCRIPTION

## ADDRESS OF BUSINESS OR ORGANISATION

## POST CODE

## SUBURB

## MAILING ADDRESS *(If different to above address)*

## POST CODE

## SUBURB

## PHONE

## MOBILE NUMBER

## WEBSITE

## REASON FOR MEMBERSHIP

## AREA OR EXPERTISE

Marketing     Legal     Retail     Technology     Accounting  
 Hospitality     Finance     Health     Events     Political     Other

## HOW DID YOU HEAR ABOUT BBATA?

## NEWSLETTER SUBSCRIPTION

I give BBATA permission to email me the B-Informed Newsletter as well as other updates and newsflashes.

## CORRECT INFO

I hereby declare that the information I have provided is true and correct.

## SIGNATURE

## DATE