

German Australian Business Council e. V. CORPORATE MEMBERSHIP APPLICATION FORM

Company:						
Address:						
Postcode:	Town/City:		Country:			
Fax:	Website:					
APPLICATION, RULES	AND DATA PROTECTION	ON				
☐ We hereby apply to l We have read the Article be bound by its terms as	pecome a corporate mem s of Association of Germa a member.	nber of German Au an Australian Busi	istralian Business Coness Council e. V ar	ouncil e. V nd agree to		
as provided in this form on an an electronic and / or a and staff. We further agre appear in GABC publicat	details and name(s), posi or amended via email, fax a paper-form GABC Direct ee that photograph(s) of cons (e.g. newsletter) and arties other than GABC marties	or post to GABC to ctory, which will be company contact(s d / or on GABC inte	from time to time ma solely available to 0) taken at GABC ever ernet site. GABC wi	ly be published GABC members ents may Il not provide your		
Signed on behalf of the company by [NAME]			Date:			
MEMBERSHIP FEE						
The Corporate Members	hip fee is € 500.00 per ye	ear.				
☐ Please provide an i	nvoice.					
IBAN:						
BIC:		Bank:				
Signature:		Date:				

German Australian Business Council e.V.

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CORPORATE NOMINEES

Corporate Membership entitles the company to select up to five nominees to attend events. Company representatives can be changed at any time by notifying GABC by email, fax or post.

DATA PROTECTION

We agree that company details and name(s), position(s) and contact details of the company contact(s) as provided in this form or amended via email, fax or post to GABC from time to time may be published in an electronic and / or a paper-form GABC Directory, which will be solely available to GABC members and staff. We further agree that photograph(s) of company contact(s) taken at GABC events may appear in GABC publications (e.g. newsletter) and / or on GABC internet site. GABC will not provide your contact details to third parties other than GABC members or staff, without your express permission.

Main Company Contact			
Surname:	Given Name:		
Mr/ Mrs/ Miss/ Ms/ Dr	Nationality:		
Position:	Email:		
Tel.No.::	Mobile:		
Signature:	Industry Category No (see attachment*):		
Second Nominee			
Surname:	Given Name:		
Mr/ Mrs/ Miss/ Ms/ Dr	Nationality:		
Position:	Email:		
Tel.No.::	Mobile:		
Signature:			
Third Nominee			
Surname:	Given Name:		
Mr/ Mrs/ Miss/ Ms/ Dr	Nationality:		
Position:	Email:		
Tel.No.::	Mobile:		
Signature:			

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<u>Fourtl</u>	n Nominee			
Surna	ırname:		ven Name:	
Mr/ Mrs/ Miss/ Ms/ Dr		Nat	tionality:	
Positi	ion:	Em	nail:	
Tel.N	0.::] Mc	bbile:	
Signa	ature:]		
Fifth N	Nominee			
Surname:		Giv	ven Name:	
Mr/ Mrs/ Miss/ Ms/ Dr		Nat	tionality:	
Position:] Em	mail:	
Tel.N	o.::] Mc	obile:	
Signature:				
1	Accounting	15	Insurance	
2	Advertising / PR	16	Legal	
3	Agriculture	17	Manufacturing	
4	Banking (excl. Merchant Banking & Finance)	18	Mining & Mineral Treatment	
5	Building and Construction	19	Printing & Publishing	
6	Chemical & Plastics (incl. cosmetics and		Property – Selling / Management	
	pharmaceuticals)			
7	Communications		Public Services	
8 Computer Services		22	Removalists	
9 Consultants		23 24	Stockbrokers	
10	1 7 0		Retailing	
11	Energy (oil, gas, coal, solar, wind, nuclear)	25	Textiles, Clothing & Footwear	
12	Export / Import / Commerce	26 27	Transport	
13	ν		Travel & Tourism	
14	Food & Beverages (production, processing,	28	Other Products & Services (please specify in	

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distribution)



the application form)