

# Cardholder

## Industry Affiliation Form

June 2018



### GENERAL INFORMATION

Please read the Companion Card Brochure and Terms and Conditions before completing this affiliation form.

### COMPANION CARD INFORMATION LINE: 1800 893 044

The Companion Card Information Line is open during business hours to respond to queries regarding affiliation. Alternatively, please email [affiliates.companioncard@facs.nsw.gov.au](mailto:affiliates.companioncard@facs.nsw.gov.au)

### PRIVACY

The information collected will be recorded and stored in the Companion card database and used for administering the Companion Card program in accordance with the privacy principals on the *Privacy and Personal Information Protection Act 1998 (NSW)*.



If you have questions about this form please contact NSW Companion Card:

1800 893 044

Translating and Interpreting Service: 13 11 14  
applications.companioncard@facs.nsw.gov.au

www.companioncard.nsw.gov.au

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### ITEM 1. Organisational Details

Organisation name

Business

Business address

Suburb

State

Postcode

Postal address

Suburb

State

Postcode

Telephone

Facsimile

Website

Email Address

### ITEM 2. Contact Person for Affiliation Related Issues

Title

First name

Last name

Position in organisation

Telephone

Facsimile

Email address



### ITEM 3. Service Profile

**3A** Please provide a brief description of your organisation's activities, and list all the Australian States in which you operate.

**3B** If your organisation operates services or venues that have a particularly high profile but are not easily identifiable as part of the same organisation, you are encouraged to list them separately below. These services/venues will be specifically listed as key affiliates in the Companion card database.

This may apply to organisations that manage a range of facilities, services and/or grants. It is not necessary for organisations with multiple outlets that trade outlets that trade under the same name (e.g. a chain of cinemas) to list every outlet.

**If you require additional space to complete this table, please photocopy this page.**

Name of venue/event/activity/grant	Description	Suburb

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### ITEM 4. Promotional Material

You will be sent promotional materials for display at point-of-sale when you affiliate. The size and number of promotional packs that you require will depend on the number of ticket boxes, outlets, venues or events at your organisation or business. Additional materials are available, upon request. Please indicate your initial requirements below.

Please tick:  Small Pack (suitable for single locations)      Number of Packs   
 Medium Pack (suitable for up to 10 locations)      Number of Packs   
 Large Pack (suitable for up to 30 locations)      Number of Packs

### ITEM 5. Affiliate Statement

On behalf of the organisation:

1. I understand that I am signing to the Companion Card Program.
2. I understand and accept the Affiliate Terms and Conditions and agree to accept the Companion Card at all Australian outlets.
3. I consent to the organisation's name, service description, list of services and web address being published on the Companion Card website or in other promotional communication as a Companion Card Affiliate.

Please tick: Yes  No

4. The organisation intends to collect statistics on the use of Companion Cards at venue/events and is prepared to share this non-identifying data with Companion Card for evaluation purposes.

Please tick: Yes  No

5. The organisation will begin to officially recognise the Companion Card from

Name of Authorised representative

Position

Signature

Name of Authorised representative		
Position		
Signature		

Please return this form to:

**Companion Card**

via email:

[affiliates.companioncard@facs.nsw.gov.au](mailto:affiliates.companioncard@facs.nsw.gov.au)

If you know of another organisation that we could approach to be part of the Companion Card program, please list them below:

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