

Industry Affiliation Form 2019



ITEM 1. Organisational details

Organisation name

Business

ABN

Business address

Suburb

State

Postcode

Telephone

Website

Email address

ITEM 2. Contact person

First name

Last name

Position in organisation

Telephone

Email address

ITEM 3. Service profile

Please provide a brief description of your organisation's activities.

ITEM 4. How did you hear about the Companion Card program?

Social Media

Community Organisation

Cardholder/Carer

Other

ITEM 5. Affiliate Statement

On behalf of the organisation:

1. I understand and accept the Affiliate Terms and Conditions and agree to accept the Companion Card at all our outlets.
2. 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.
3. Name of authorised representative

Position

Signature

Please return this form to:

Companion Card

via email:

affiliates.companioncard@facs.nsw.gov.au

ITEM 6. 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