



# Bed & Breakfast and Farmstay Association of NSW & ACT Incorporated

ABN: 23 730 643 618

www.bedandbreakfast.org.au - www.bedandbreakfastnsw.com.au

## ASSOCIATE MEMBERSHIP - RENEWAL APPLICATION

Please complete and return to - **Fax: 02 4367 8855 or Post: R1372 Royal Exchange NSW 1225**  
Contact: BBFNSW-ACT Office - Ph: 1300 888 862 E-mail: enquiries@bbfassociation.com.au

### About Associate Membership

Associate Membership is appropriate only if you are intending to enter the B&B/ Farmstay industry or are in the process of developing your business and do not yet meet the criteria for Full Membership with the Association. If you are ready to upgrade to Full Membership please fill out the Full Membership Application Form (available from the office or online).

### APPLICANT INFORMATION - MAIN CONTACT PERSON (Member)

First Name:	Last Name:	Member No:
Phone:	Fax:	Mobile:
Postal Address:		
City:	State:	Postcode:
E-mail: (Preferred Personal)		


### PROPERTY CONTACT INFORMATION (If Established)

Business Name:	ABN:	
Property Street Address:		
City:	State:	Postcode:
Phone:	Fax:	Mobile:
E-mail: (Business)	URL:	

### SPOUSE/PARTNER INFORMATION (If Joint Membership)

First Name:	Last Name:
E-mail: (If different from Main Contact)	

### RENEWAL / PAYMENT INFORMATION

Payment Method (tick box):	Total Amount Payable: <b>\$ 165</b>	
<input type="checkbox"/> Cheque - Made payable to Bed & Breakfast and Farmstay Association of NSW & ACT.		
<input type="checkbox"/> EFT - BSB: 032-170 Account: 174739 (Enter your Membership Number in the bank reference field.)		
<input type="checkbox"/> Credit Card - Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex		
		
Credit Card Number: _____ / _____ / _____ / _____    Expiry Date: ____ / ____		
Name on Card:	Signature	Date

### SIGNATURE

<input type="checkbox"/> I confirm that the information set out in this application is accurate and correct.	
Signature of applicant:	Date: