

# **APPLICATION FOR MEMBERSHIP**

# JULY 1st 2020 UNTIL JUNE 30th 2021

I/We apply for the following category of membership and enclose the applicable membership fee and documentation.

Resort Member (1) - \$459 per member + .77 cents per Timeshare Interval or (2) for Points Club Members

	01 (27 101 1 01	THE STAD MOTHE	7010
Name of Resort:			
Resort Address:			
Postal Address:			
Phone:	Fax:	Emai	il:
No. of Units:	No. of Timeshare Inte	ervals:	No of Members:
Resort Manager/s:			
Resort Directors:			
-	vith Applications Form a c	copy of resale o	documentation being used and a \$12.060*
Company Name:			ABN:
Directors Names:			
Contact Name and P			
Compliance Officer:			
Postal Address:			
Phone:	Fax <sup>.</sup>	Fı	mail:

Professional Advisor - \$3204.41*  Company Name:	Directors:					
Company Name:	Please provid	le a copy of your curren	nt License and Product Disclosure Statement.			
Contact Name and Position held:  Postal Address:  Phone:  Fax:  Email:  Directors:  Sales /Marketing Company Member - \$12,060*  Company Name:  ABN:  Contact Name and Position held:  Postal Address:  Phone:  Fax:  Email:  Directors:  Please provide a copy of your latest Product Disclosure Statement or sales documentation that is currently being used along with a copy of your License  Professional Advisor - \$3204.41*  Company Name:  Contact Name and Position held:  Postal Address:  Phone:  Fax:  Email:  Service offered (eg Trustee, Solicitor etc.):  Email:		Exchange Com	npany Member - \$12,060*			
Postal Address:    Phone:	Company Name:	ABN:				
Phone:Fax:Email:	Contact Name and Po	osition held:				
Sales /Marketing Company Member - \$12,060*  Company Name:	Postal Address:					
Sales /Marketing Company Member - \$12.060*  Company Name:	Phone:	Fax:	Email:			
Sales /Marketing Company Member - \$12,060*  Company Name:	Directors:					
Company Name:						
Contact Name and Position held:  Postal Address:  Phone:  Fax:  Email:  Directors:  Please provide a copy of your latest Product Disclosure Statement or sales documentation that is currently being used along with a copy of your License  Professional Advisor - \$3204.41*  Company Name:  Contact Name and Position held:  Postal Address:  Phone:  Fax:  Email:  Service offered (eg Trustee, Solicitor etc.):		Sales /Marketing C	ompany Member - \$12,060*			
Phone:Fax:Email:  Directors:  Please provide a copy of your latest Product Disclosure Statement or sales documentation that is currently being used along with a copy of your License  Professional Advisor - \$3204.41*  Company Name:ABN:	Company Name:		ABN:			
Phone:Fax:Email:  Directors:  Please provide a copy of your latest Product Disclosure Statement or sales documentation that is currently being used along with a copy of your License  Professional Advisor - \$3204.41*  Company Name:ABN:  Contact Name and Position held:  Postal Address:  Phone:Fax:Email:  Service offered (eg Trustee, Solicitor etc.):	Contact Name and Po	osition held:				
Directors:  Please provide a copy of your latest Product Disclosure Statement or sales documentation that is currently being used along with a copy of your License  Professional Advisor - \$3204.41*  Company Name:	Postal Address:					
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Deing used along with a copy of your License  Professional Advisor - \$3204.41*  Company Name:	Directors:					
Company Name:	Please provide a copy o					
Contact Name and Position held:  Postal Address:  Phone:  Fax:  Service offered (eg Trustee, Solicitor etc.):		<u>Professiona</u>	<u>l Advisor - \$3204.41*</u>			
Postal Address: Phone:Fax:Email: Service offered (eg Trustee, Solicitor etc.):	Company Name:		ABN:			
Phone:Fax:Email: Service offered (eg Trustee, Solicitor etc.):	Contact Name and Po	sition held:				
Phone:Fax:Email: Service offered (eg Trustee, Solicitor etc.):	Postal Address:					
Directore	Service offered (eg Tr	ustee, Solicitor etc.):				
Directors:	Directors:					

#### Associate Member - \$813.05\*

Company Name:		ABN:				
Contact Name and Pos	ition held:					
Postal Address:						
Phone:	Fax:	Email:				
Type of Company:						
Business Names: What	t business names(s) (if	any) do you operate under?:				
structure, organization	, Product Disclosure Steed to be recorded in the	een any changes over the last twelve months in y tatement, licenses and/or licensing conditions of e member register, ATHOC records or which may	r any			
YES If "Yes", please attach de	NO					
twelve months to your factors, which may affe	structure, organization ect your ongoing memb NO	pelieve that there will be any changes in the next , license, and/or licensing conditions or any othe pership?				
lf "Yes", please attach de	etails					

#### **Email addresses**

Please provide a separate listing of employees/directors you want placed on the ATHOC members email and mail list. This is not a condition of Membership. It will ensure that all employees and directors are included in all communications made by ATHOC. Please write clearly and attach with your Membership Form.

#### **Notes**

(1) For the 2017-2018 Membership years, a maximum fee of \$11,766\* and a minimum fee of \$437\*

# Declarations by the Applicant(s) on signing of this Application Form

By signing the application form, you will be taken to have declared that this application is signed/sealed in agreement to be bound by the Memorandum and articles of Association,

Constitution of the Australian Timeshare and Holiday Ownership Council Limited and it's Code of Practice and Code of Ethics as adopted or amended fro time to time, and that:

All details and statements made by me/us are complete and accurate.

If signed under a company's common seal, the signatory attest that the common seal was affixed in accordance with the company's Articles of Association.

Is signed on behalf of a company partnership, trustee or otherwise, then the signatory attests that the signatory has authority to do so and to bind the applicant.

I/We agree to inform ATHOC immediately I/We have become aware of any circumstances which may affect eligibility to the specified membership category or membership of ATHOC.

I/We meet the condition of membership included in clause 9.12 of the Constitution.

#### **How to apply for Membership**

Date:\_\_\_\_\_

- Complete all relevant lines of this form, preferably in Large Block Letters.
- Write the Full Name you wish to appear on your Membership Certificate.
- When returning form, ensure all required documents are forwarded at the same time. In considering this application ATHOC may request from you further information/documents.
- For further information on your membership of the Australian Timeshare & Holiday Ownership Council Limited, please phone the Company on 07 5526 7003 or consult your solicitor, accountant or independent financial adviser.

### **Lodgement of Application**

Send your completed Form and all relevant information to:

Australian Timeshare & Holiday Ownership Council Limited
P O Box 7718
GCMC QLD 9726

\*all prices quoted exclude 10% GST

ABN 58 065 260 095 T: (07) 5526 7003 Email: <u>info@athoc.com.au</u>