



German Australian Business Association Inc.
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MEMBERSHIP APPLICATION FORM

Membership Type	Individual: <input type="checkbox"/> Corporate: <input type="checkbox"/> Member & Partner: <input type="checkbox"/>		
Name			
Company/Organisation			
Job Title			
Name of Representative / Partner			
Work Address			
Work Phone		Work Fax	
Home Address			
Home Phone		Home Fax	
Mobile			
Email			
Website			
Referred By			
Preferred Contact Method: Email: <input type="checkbox"/> Post: <input type="checkbox"/> Fax: <input type="checkbox"/> (If possible, please choose Email)			
Preferred Mailing Address: Work <input type="checkbox"/> Home <input type="checkbox"/>			
Do you speak German? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Interests: GABA Women (typically breakfast function) <input type="checkbox"/> GABA functions <input type="checkbox"/> Seminars <input type="checkbox"/> Networking <input type="checkbox"/> Company Visits <input type="checkbox"/> Other:			
Are you interested in volunteering for GABA? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you agree for us to publish the following details on our website: Your name: Yes <input type="checkbox"/> No <input type="checkbox"/> Your email address: Yes <input type="checkbox"/> No <input type="checkbox"/> Your website address: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you know anyone else who might be interested in GABA? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, and if you want us to contact the person, please provide name / phone / email:			
Date:	Signature:		

Please enclose appropriate remittance and forward to the above address:

Individual Membership Fee: \$ 90.00
 Corporate Membership Fee: \$ 260.00
 Member & Partner Fee: \$ 130.00
 Bank of Queensland, 259 Queen St, Brisbane, BSB: 124001 Acc: 90305039