



Southern Alexandrina Business Association Inc.

ABN 25 153 606 695
PO Box 957, GOOLWA SA 5214
www.saba.org.au

OFFICE USE ONLY
Joining date/...../.....
Membership
Number.....

Membership Application

Member Details

I/We wish to apply for Membership of S.A.B.A. Inc.

Legal Business Name:.....

Trading Name: ABN:.....

Business Address:

..... Postcode:.....

Postal Address:.....

..... Postcode:.....

Contact 1: **Contact 2:**.....

Phone: Phone:.....

Fax: Fax:.....

Mobile: Mobile:.....

Email: Email:.....

Website: http://.....

- Type of Business:** (please tick) Retail Wholesale
- Manufacturing Tourism Accommodation
- Service Industry Finance Other:.....

Membership Fees: (including GST)

Financial membership commenced from the date of acceptance for 12 months

Full Member	Membership fee: \$50
Free listing(s) on SABA website included in membership.	

Payment can be made by: Cash/Cheque/Money Order (made payable to *Southern Alexandrina Business Association*) and posted to:

SABA TREASURER, PO BOX 957, GOOLWA, SA 5214

or

DIRECT CREDIT: BSB: 105-160 Account No. 16997540

Name of account: Southern Alexandrina Business Association Inc.

(please ensure your name/business name is recorded on direct deposit – thank you)

or

VISA/MASTERCARD

Card Number:.....

Expiry Date: Name on Card:.....

Name: (please print).....

Signature: Date:.....

