



Membership Application Form

Company or Business Name: _____

Trading name: _____

ABN: _____

Street Address: _____

Postal Address: _____

Telephone: _____ Fax: _____ Mobile: _____

Email: _____

Website: _____

Primary Contact: _____ Position: _____

Product Description: _____

Nomination for TPDD Membership: Your membership application must be nominated and seconded by current financial members of TPDD, please supply details.

Nominate by Company Name: _____

Representative: _____ Position: _____

Signature: _____

Seconded by Company Name: _____

Representative: _____ Position: _____

Signature: _____

Annual Membership Fee \$572 (Inc GST)
Return completed membership form with payment to P.O. Box 511 Port Douglas Qld. 4877
Payment should be made out to Port Douglas Daintree Tourism Ltd or via bank deposit to BSB 014 709
Account No 493488154 ANZ Port Douglas

Port Douglas Daintree Tourism LTD (PDDTL) trading as
Tourism Port Douglas Daintree
P.O. Box 511, Port Douglas, Qld. 4877
ACN 121 516 916
www.tpdd.com.au info@tpdd.com.au

Applicant's signature _____ Application date _____