

Australian Spatial Information Business Association ASIBA (Northern Territory)



Membership Subscription 2008/09

Member Information	Tax Invoice	Spatial Activities <small>(Tick all that apply)</small>																												
Business Name : _____		<table style="width:100%; border:none;"> <tr> <td style="vertical-align: top;"> Data Collection <input type="checkbox"/> Aerial Imagery Collection <input type="checkbox"/> Field Data Collection <input type="checkbox"/> Office Data Capture <input type="checkbox"/> Precision Measurement / Monitoring <input type="checkbox"/> Radar / Laser Scanning <input type="checkbox"/> Space Imagery Collection / Distribution Data Syndication <input type="checkbox"/> Data Analysis <input type="checkbox"/> Data Brokering / Reselling <input type="checkbox"/> Data Compilation <input type="checkbox"/> Data Fusion <input type="checkbox"/> Data Integration <input type="checkbox"/> GIS Development <input type="checkbox"/> Photo / Radar grammetry <input type="checkbox"/> Spatial data mining <input type="checkbox"/> Others: _____ </td> <td style="vertical-align: top;"> Data Presentation <input type="checkbox"/> 3D Visualisation <input type="checkbox"/> Civil Infrastructure design <input type="checkbox"/> Digital / Terrain Modelling <input type="checkbox"/> Internet Deployment <input type="checkbox"/> Map Preparation <input type="checkbox"/> Titling Plans /Documents Other <input type="checkbox"/> Education/training <input type="checkbox"/> Equipment / Hardware Supply <input type="checkbox"/> Expert witness / court <input type="checkbox"/> Mobile Location Services <input type="checkbox"/> Project Management <input type="checkbox"/> Publisher / Distributor <input type="checkbox"/> Software Development <input type="checkbox"/> Software Supply <input type="checkbox"/> Strategic / Bus Planning <input type="checkbox"/> Systems Analysis / Integration <input type="checkbox"/> Town planning </td> </tr> </table>	Data Collection <input type="checkbox"/> Aerial Imagery Collection <input type="checkbox"/> Field Data Collection <input type="checkbox"/> Office Data Capture <input type="checkbox"/> Precision Measurement / Monitoring <input type="checkbox"/> Radar / Laser Scanning <input type="checkbox"/> Space Imagery Collection / Distribution Data Syndication <input type="checkbox"/> Data Analysis <input type="checkbox"/> Data Brokering / Reselling <input type="checkbox"/> Data Compilation <input type="checkbox"/> Data Fusion <input type="checkbox"/> Data Integration <input type="checkbox"/> GIS Development <input type="checkbox"/> Photo / Radar grammetry <input type="checkbox"/> Spatial data mining <input type="checkbox"/> Others: _____	Data Presentation <input type="checkbox"/> 3D Visualisation <input type="checkbox"/> Civil Infrastructure design <input type="checkbox"/> Digital / Terrain Modelling <input type="checkbox"/> Internet Deployment <input type="checkbox"/> Map Preparation <input type="checkbox"/> Titling Plans /Documents Other <input type="checkbox"/> Education/training <input type="checkbox"/> Equipment / Hardware Supply <input type="checkbox"/> Expert witness / court <input type="checkbox"/> Mobile Location Services <input type="checkbox"/> Project Management <input type="checkbox"/> Publisher / Distributor <input type="checkbox"/> Software Development <input type="checkbox"/> Software Supply <input type="checkbox"/> Strategic / Bus Planning <input type="checkbox"/> Systems Analysis / Integration <input type="checkbox"/> Town planning																										
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ABN : _____ Year of formation : _____																														
Type : Public Company / Private Company / Partnership / Sole Trader																														
H.O. Address : _____																														
State : _____ Post Code : _____																														
Postal Address : _____																														
State : _____ Post Code : _____																														
Phone : (_____) Fax : (_____)																														
DX Address : _____																														
URL : _____																														
Please provide address and details of all branch offices in all states on the back of this form																														
Member Representative																														
Name : (Mr / Ms) _____																														
Title : _____ Direct Phone : (_____)																														
Direct Fax : (_____) Mobile : _____																														
E-Mail : _____																														
Membership Fee (including Regional services component)																														
Membership fees are calculated on the basis of the total annual turnover of the organisation (including all branches operating under the same ABN, all service or support companies, and all entities operating as a Group - except any group members who have individual memberships) in the financial year which ended on thirtieth day of June immediately preceding this application. The Membership fees below are inclusive of GST.																														
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Payment calculation (This document becomes a Tax Invoice when paid)																														
Annual Fee as per above _____ \$																														
TOTAL _____ \$																														
<input type="checkbox"/> Bank Transfer (BSB: 032 006 A/C No. 232634) <input type="checkbox"/> Cheque enclosed [made out to ASIBA] <input type="checkbox"/> Credit Card (tick one) : <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card Number : _____ Expiry : _____																														
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<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Tick this box if you DO NOT wish your details displayed on our Association's website search facilities. </div>																														
<div style="border: 1px solid black; padding: 5px;"> Return To : PO Box 75, Deakin West ACT 2600 Fax : 02 6282 2009 </div>																														
Received : ____ / ____ / ____																														