

Industry Supporter Application Form



Please return your completed application to:

NDS Member Services Locked Bag 3002, Deakin West ACT 2600

Fax 02 6281 3488

Email membership@nds.org.au

Section one: Subscriber details

Company/Organisation:		ABN:			
Contact Name:	Position:				
Postal Address:					
Email:	Website:				
Phone:	Mobile:				
Nature of Business:					
Primary products/services to be promoted:					
Do you currently work with any disability service organisations, if so, who:					



Section two: Choose your package

		7 1	3 -		
Please	view the Industry Sup	porter flyer for be	enefits associated with	n each package.	
Please tick one (all prices are GST inclusive)					
	Silver Package	\$440 per annum	1		
	Gold Package	\$895 per annum	l		
	Platinum Package	\$2070 per annui	m		
	iption is per financial y a fees are applicable (ts joining part way thi	rough the financial year,	
Section three: Disclaimer and further information					
 NDS is committed to ensuring privacy and confi dentiality requirements are maintained. Our privacy policy can be viewed on the NDS website nds.org.au/privacy-policy 					
 Subscriber benefits may change without notice. Terms, conditions and/or limitations may apply. 					
	reserves the right to a lecision.	approve or reject	any application witho	ut providing a reason for	
I have read this disclaimer and agree to the terms and conditions.					
Signatu	ıre:		Date:		