



**NORTHERN MORNINGTON PENINSULA TOURISM INC.
NEW MEMBERSHIP APPLICATION**



DATE: _____

BUSINESS NAME _____

BRIEF DISCRPTION OF YOUR BUSINESS _____

CONTACT PERSONS NAME: _____ ABN _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____ MOBILE: _____

FAX NUMBER: _____ EMAIL: _____

WEBSITE: _____

PROPRIETOR'S NAME: _____

POSTAL ADDRESS: _____

PLEASE LIST ANY OTHER LTA'S YOU BELONG TO OR INTEND JOINING:

**ANNUAL SUBSCRIPTION TO NORTHERN MORNINGTON PENINSULA
TOURISM INC. 1-7-2010 – 30-6-2011 \$ 50.00**

**PLEASE FORWARD THIS APPLICATION FORM TO:
The Secretary, Northern Mornington Peninsula Tourism,
P.O.Box 231, Mornington 3931 or email; info@nmpt.com.au
PLEASE SEND NO MONEY NOW; WE WILL INVOICE YOU ON APPROVAL.**

Your information may be passed on to Mornington Peninsula Tourism for use: YES/NO.

Your information may be used for our promotion material: YES/NO