



**APPLICATION FOR MEMBERSHIP**

**JULY 1<sup>st</sup> 2016 UNTIL JUNE 30<sup>th</sup> 2017**

**I/We apply for the following category of membership and enclose the applicable membership fee and documentation.**

**Resort Member (1) - \$426 per member + .71 cents per Timeshare Interval**  
**or (2) for Points Club Members**

**Name of Resort:** \_\_\_\_\_

**Resort Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Contact name and position held:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**No. of Units:** \_\_\_\_\_ **No. of Timeshare Intervals:** \_\_\_\_\_ **No of Members:** \_\_\_\_\_

**Resort Manager/s:** \_\_\_\_\_

**Resort Directors:** \_\_\_\_\_

**Do you currently offer a resale program?** \_\_\_\_\_

***If yes, kindly return with Applications Form a copy of resale documentation being used and a copy of your License.***

**Promoter/Developer Member - \$11,479\***

**Company Name:** \_\_\_\_\_ **ABN:** \_\_\_\_\_

**Directors Names:** \_\_\_\_\_

**Contact Name and Position held:** \_\_\_\_\_

**Compliance Officer:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Companies operating under your License:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Directors: \_\_\_\_\_

*Please provide a copy of your current License and Product Disclosure Statement.*

**Exchange Company Member - \$11,479\***

Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Contact Name and Position held: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Directors: \_\_\_\_\_

\_\_\_\_\_

**Sales /Marketing Company Member - \$11,199\***

Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Contact Name and Position held: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Directors: \_\_\_\_\_

*Please provide a copy of your latest Product Disclosure Statement or sales documentation that is currently being used along with a copy of your License*

**Professional Advisor - \$3,050\***

Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Contact Name and Position held: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Service offered (eg Trustee, Solicitor etc.): \_\_\_\_\_

Directors: \_\_\_\_\_  
\_\_\_\_\_

**Associate Member - \$775\***

Company Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Contact Name and Position held: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Company: \_\_\_\_\_

Directors: \_\_\_\_\_  
\_\_\_\_\_

**Business Names:** What business names(s) (if any) do you operate under?: \_\_\_\_\_  
\_\_\_\_\_

**Changes in the last 12 months** - Have there been any changes over the last twelve months in your structure, organization, Product Disclosure Statement, licenses and/or licensing conditions or any other factors which need to be recorded in the member register, ATHOC records or which may affect your membership?

YES \_\_\_\_\_ NO \_\_\_\_\_  
*If "Yes", please attach details.*

**Changes in the next twelve months** - Do you believe that there will be any changes in the next twelve months to your structure, organization, license, and/or licensing conditions or any other factors, which may affect your ongoing membership?

YES \_\_\_\_\_ NO \_\_\_\_\_

*If "Yes", please attach details*

**Email addresses**

Please provide a separate listing of employees/directors you want placed on the ATHOC members email and mail list. This is not a condition of Membership. It will ensure that all employees and directors are included in all communications made by ATHOC. Please write clearly and attach with your Membership Form.

**Declarations by the Applicant(s) on signing of this Application Form**

By signing the application form, you will be taken to have declared that this application is signed/sealed in agreement to be bound by the Memorandum and articles of Association, Constitution of the Australian Timeshare and Holiday Ownership Council Limited and it's Code of Practice and Code of Ethics as adopted or amended fro time to time, and that:

All details and statements made by me/us are complete and accurate.

If signed under a company's common seal, the signatory attest that the common seal was affixed in accordance with the company's Articles of Association.

Is signed on behalf of a company partnership, trustee or otherwise, then the signatory attests that the signatory has authority to do so and to bind the applicant.

I/We agree to inform ATHOC immediately I/We have become aware of any circumstances which may affect eligibility to the specified membership category or membership of ATHOC.

I/We meet the condition of membership included in clause 9.12 of the Constitution.

I/We agree that by ticking the box below I/We agree:

- a. to, at no extra cost , also become a Member of the Accommodation Association of Australia ('AAoA'); and  
b. to allow ATHOC to share my ATHOC Membership details and information with AAoA.

Please note that additional information may be requested to support your application and you may be required to enter into additional contractual arrangements with regard to the Code of Ethics and Code of Practice.

Signature of Applicant(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

**How to apply for Membership**

- Complete all relevant lines of this form, preferably in Large Block Letters.
- Write the Full Name you wish to appear on your Membership Certificate.
- When returning form, ensure all required documents are forwarded at the same time. In considering this application ATHOC may request from you further information/documents.
- For further information on your membership of the Australian Timeshare & Holiday Ownership Council Limited, please phone the Company on 07 5526 7003 or consult your solicitor, accountant or independent financial adviser.

**Lodgment of Application**

Send your completed Form and all relevant information to:

Australian Timeshare & Holiday Ownership Council Limited  
P O Box 7718

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**GCMC QLD 9726**

**\*all prices quoted exclude 10% GST**

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**ABN 58 065 260 095**

**T: (07) 5526 7003**

**Email: [info@athoc.com.au](mailto:info@athoc.com.au)**