



atsa

Assistive Technology Suppliers Australasia

MEMBERSHIP

WHY JOIN ATSA?

- To safeguard your business and your livelihood
- To directly influence policies that impact significantly on your business
- To help shape the future of our industry
- To improve the standards of education and training of therapists and prescribers
- To benefit from the ATSA business network
- To boost your business and products profile at our regular ATSA Professional Series events.
- Enjoy generous members' discounts on space at ATSA Daily Living Expos

HOW DO I JOIN?

Simply fill in the Membership Application Form and forward it to:

ATSA

**Level 7, 91 Phillip Street
Parramatta NSW 2150**

Your application will be reviewed and if successful, endorsed by a "Proposer" and "Seconder" who are existing ATSA members. Once completed an invoice (payable in 7 days) will be forwarded to you for your Company's membership fees.

WHAT DOES IT COST?

Membership fees are structured so that all businesses can participate affordably as members of ATSA within simply defined membership categories. Membership fees are invoiced quarterly with the exception of Tier 5 which is payable annually.

- **Tier 1 - \$1,500** + GST per quarter
Multinational and large Australian companies with extensive national and/or international distribution.
- **Tier 2 - \$900** + GST per quarter
Companies with a national presence either through multiple shop fronts or an Australia wide network.
- **Tier 3 - \$600** + GST per quarter
Larger State based companies with 11 or more people working in the business (including owners)
- **Tier 4 - \$300** + GST per quarter
Smaller State based companies with 10 or less people working in the business (including owners)
- **Tier 5 - \$600** + GST per annum
Associate membership with no formal voting rights and limited member benefits.



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ATSA Membership Application - Please return to ATSA, Level 7, 91 Phillip St Parramatta NSW 2150

Company: _____ ABN: _____

Contact 1: _____ Title: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Contact 2: _____ Title: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Postal Address: _____

Physical Address (If different to postal address): _____

BUSINESS SEGMENTS:

- Manufacturing
- Importing
- Distribution
- Retail
- Hire
- Service
- Other (please specify)

BUSINESS SEGMENTS:

- Custom Mobility
- Standard Mobility
- Seating & Positioning
- Bath Safety
- Scooters
- Patient Handling
- Beds & Mattresses
- Respiratory
- Daily Living Aids

TOTAL STAFF:

MEMBERSHIP TIER:

- 1
- 2
- 3
- 4
- 5

On Behalf of _____ I hereby apply for membership of the Assistive Technology Suppliers Australasia and agree to abide by its charter and by-laws.

Signed: _____

Date: _____

ATSA use only
 Proposer: _____
 Seconder: _____