

Affiliate Application Form

Please complete the form in **BLOCK LETTERS** using blue or black pen

Organisation details

This information will be included in the NT Companion Card List of Affiliates that is available publicly.

Organisation Name	
Address	
Telephone	
Website	

Please provide the following details about all the services/venues/events/activities operated by your organisation where the Companion Card will be recognised.

Service / Venue / Event / Activity	Address	Telephone

Contact person

Name	
Position	

Postal Address	
Email	
Telephone	

Affiliate Statement

I am an authorised representative of the organisation listed on this form and on behalf of the business/organisation:

- **I understand and accept the Companion Card Program Affiliate Terms and Conditions;**
- **I consent to the organisations' name and contact details (including physical location and website address) being listed as a Companion Card Affiliate on the Companion Card website, and in other promotional material; and**
- **I understand the Integrated disability Action may use my details to undertake research, evaluation or review (e.g. a voluntary survey/questionnaire) to ensure continuous improvement in the Companion Card Program.**

Name of authorised representative	
Position	
Signature	
Date	

Please return this form

By Mail:

NT Companion Card Program

Integrated disability Action
PO Box 645 Nightcliff, NT 0814

Please contact the NT Companion Card Program on telephone **(08) 8948 5400** or email info@ntcompanioncard.org.au