



# MACKAY IT NETWORK MEMBERSHIP APPLICATION ONE YEAR

ABN: 59 480 572 593 Phone: 0419 701 099

## APPLICANT INFORMATION

Business Name (individuals provide Employer if applicable):

Contact Person:	Phone:	Fax:
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Postal address:

City:	State:	Post Code:
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Email:	Website:
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ABN:	Do you wish to have a link from MITN's website to your own? _____
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## MEMBERSHIP FEES (GST INCLUDED)

*(Please tick)*

School: \$50	<input type="checkbox"/>
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Individual/Sole Trader: \$50	<input type="checkbox"/>
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Small Business (2-10 employees): \$100	<input type="checkbox"/>
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Medium to Large Business (>10 employees): \$300	<input type="checkbox"/>
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Number of employees:

I/we hereby apply for membership and agree to abide by the Mackay IT Network constitution.

Authorised Signature:	Date:
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## PRIVACY STATEMENT

Mackay IT Network will use the information contained herein for the express purpose of its business in maintaining its membership data, indicating its sectoral industry representation, communicating market intelligence to you and servicing your business effectively as a member. MITN may provide a membership list to other members to promote interaction for your benefit. MITN will not disclose your details to any third party outside the above for any purpose unless we obtain your written consent.

Payment Method:	Cheque: <input type="checkbox"/>	Invoice me please: <input type="checkbox"/>
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## OFFICE USE ONLY

Accepted by MITN: <input type="checkbox"/>	Database updated: <input type="checkbox"/>	Payment received: <input type="checkbox"/>
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Tax invoice sent: <input type="checkbox"/>	Website updated: <input type="checkbox"/>	Checked by:
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## 1. Which of the following core products & services does your business provide? (tick all that apply)

Systems (Computer & Networking) supply and service	<input type="checkbox"/>
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Software (Applications & Systems) supply and/or development	<input type="checkbox"/>
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Telecommunications Hardware and services	<input type="checkbox"/>
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IT Consulting and Management services	<input type="checkbox"/>
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Web Services and Multimedia	<input type="checkbox"/>
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Retailer/Reseller	<input type="checkbox"/>
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Other: _____	<input type="checkbox"/>
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IT User (including internal IT departments)	<input type="checkbox"/>
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*Please provide a brief description of your business for member profiles:*

The information in Question 1 may be displayed on the MITN website in a members listing. Do you agree to the publication of this information? *Please tick this if YES:*

**PLEASE RETURN TO:** Mackay IT Network, PO Box 1754, Mackay, QLD 4740 or E: [geoff@rainbowconsulting.com.au](mailto:geoff@rainbowconsulting.com.au)