



AUDIT BUREAU OF CIRCULATIONS



CIRCULATIONS AUDIT BOARD

# Membership Application - Advertiser

I hereby apply for **Subscriber** membership to the:

Audit Bureau of Circulations (ABC) and/or  Circulations Audit Board (CAB)

I confirm that the organisation named below will be responsible for the renewal of the applicable annual membership fee in July each year.

When elected to the membership, I agree to abide by the Rules and to observe the By-Laws, Rules and Regulations governing the working of the bureaux which have been and will be laid down by the Committees and Boards from time to time.

## Company Details:

Company name: \_\_\_\_\_

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

Postcode \_\_\_\_\_

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

Website: \_\_\_\_\_

ABN No: \_\_\_\_\_

## Company Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Invoice Contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Payment Details:

Enclosed is our cheque for membership from June 1, 2010 to June 30, 2011 for

\$1,148.40 for ABC and CAB  \$653.40 for ABC  \$495.00 for CAB

Or please charge my  Mastercard  Visa the amount of .....

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Expiry Date: ...../..... Name on Card: .....

Signature: .....