



Aged & Community Services
Association of NSW & ACT
Incorporated

ACS Corporate Supporter Application Form

Two Easy Ways to Become Involved

By Mail: Return this form to:
Aged and Community Services Association of NSW & ACT
Level 3, 9 Blaxland Rd, RHODES NSW 2138

By Fax: Fax back to 02 9743 4556

Organisation Name _____

Contact Name _____

Contact Position _____

Organisation Address _____

Phone Number _____ **Fax Number** _____

Email Address _____

Website Details _____

ABN/ACN _____

Corporate Supporter Category

Please select a category for your organisation to be listed under on the ACS Corporate Supporters website (if you wish to be listed under multiple categories an additional charge applies). A company profile will also go on the ACS website once the Corporate Supporter booking has been approved.

- | | |
|--|---|
| <input type="checkbox"/> Aids and Equipment | <input type="checkbox"/> Food Service Management |
| <input type="checkbox"/> Audit, Survey and Benchmarking | <input type="checkbox"/> Laundry Systems |
| <input type="checkbox"/> Building and Design | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Cleaning Services / Equipment | <input type="checkbox"/> Maintenance Services |
| <input type="checkbox"/> Consultants | <input type="checkbox"/> Other Services |
| <input type="checkbox"/> Continence Management | <input type="checkbox"/> Recruitment / Traineeship Services |
| <input type="checkbox"/> Emergency Call Systems / Call Systems | <input type="checkbox"/> Service Providers |
| <input type="checkbox"/> Financial Services and Superannuation | <input type="checkbox"/> Software and Computer Systems |

I/We wish to apply to become a Corporate Supporter for Aged & Community Services Association of NSW & ACT Inc and be placed on the mailing list to receive a bimonthly copy of Update Magazine and the fortnightly email of Brief Update and other member information. If you do not wish to receive this please email sarae@agedservices.asn.au.

Signed on Behalf of: _____

(Company Name)

Signature: _____

Position Held: _____ Date: _____

Please Note: All booking forms are subject to approval by ACS.

Office Use Only			
Starting Month	Year	Signature	Cost (inc GST)