



Corporate Partnership Application Form

Details of the organisation/company

Name of organization/company: _____

Address: _____

Telephone number: _____

Fax number: _____

Authorized person

Title: _____

Position: _____

First name: _____

Last name: _____

Mobile number: _____

E-mail: _____

Please indicate the level of corporate partnership:

___ Platinum \$1500 + GST = \$1650

___ Gold \$1000 + GST = \$1100

___ Silver \$750 + GST = \$825

___ Bronze \$500 + GST = \$550

TAX INVOICE

ABN: 30 890 747 753

Please attach cheque for the amount indicated above made payable to the Armidale and Region Aboriginal Cultural Centre and Keeping Place Incorporated.

Name of organization/company: _____

Amount: _____

Date: _____

Please return completed form to:

Aboriginal Cultural Centre and Keeping Place, PO Box 1360, Armidale, NSW 2350

Further information: 02-67713606