

# 2017/2018 LGPRO CORPORATE PARTNERSHIP APPLICATION

Thank you for your interest in Corporate Partnership with LGPro, the peak body representing Local Government professionals in Victoria.

## COMPANY DETAILS

DATE OF APPLICATION:		
ORGANISATION/COMPANY NAME:		
BUSINESS ADDRESS:		
SUBURB:	STATE:	POSTCODE:
BUSINESS PHONE:	EMAIL:	FAX:
WEBSITE:		
MARKETING CONTACT:	PHONE:	EMAIL:

## NOMINATED CORPORATE REPRESENTATIVES

	REPRESENTATIVE 1	REPRESENTATIVE 2	MARKETING REP (IF APPLICABLE)
NAME:			
JOB TITLE:			
DIRECT PHONE:			
MOBILE:			
EMAIL:			
RECEIVE FORTNIGHTLY E-NEWSLETTER:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HOW DID YOU HEAR ABOUT LGPRO? <input type="checkbox"/> Website <input type="checkbox"/> Internet <input type="checkbox"/> Colleague <input type="checkbox"/> LGPro Staff <input type="checkbox"/> Your Sector Your News <input type="checkbox"/> Profile Magazine <input type="checkbox"/> Social media <input type="checkbox"/> Other (please specify):			

## COMPANY PROFILE (please provide a brief description of your services)

## COMPANY INDUSTRY

We list our Corporate Partners on our website under industry groups to make it easier for people to find relevant information. Tick the category below that your organisation should be listed under. (If more than one category is relevant nominate the most relevant)

Banking & Finance  
  Consulting & Strategy  
  Customer Service & Call Centre  
  Education & Training  
 Human Resources & Recruitment  
  Technology & Engagement  
  Insurance, Risk & Superannuation  
  Legal  
  Local Government Services & Resources

## PAYMENT DETAILS (all Partnership fees include GST)

Payment of Corporate Membership: <b>\$1955</b>		Payment of Small Business Corporate Partnership: <b>\$915</b>	
Total fees payable \$	Debit my: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Card no: <input type="text"/>	Expiry date: <input type="text"/>		
Cardholder name:	Signature: <input type="text"/>		
Payment contact name:	Payment contact email: <input type="text"/>		
Or payment by: <input type="checkbox"/> Cheque <input type="checkbox"/> EFT (provide a PO number and an invoice will be issued on receipt: <input type="text"/> )			
EFT DETAILS: BSB 083 004 Account No. 6754 33701 Account Name: Local Government Professionals			