



## 'PSA Associate' Application Form

*Please answer whichever questions are applicable to you or your organisation.*

Name of company/department /organisation: \_\_\_\_\_

ACN: \_\_\_\_\_ ABN: \_\_\_\_\_

Name of preferred contact person for distribution of information: \_\_\_\_\_

Email address of contact person for receiving information: \_\_\_\_\_

Position of contact person: \_\_\_\_\_

Name of CEO / MD / ED: \_\_\_\_\_

Name of Marketing Manager: \_\_\_\_\_

Name of Environmental Manager/Officer: \_\_\_\_\_

Street address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your organisation's principal activities: \_\_\_\_\_

Television brands supplied in Australia (if relevant) : \_\_\_\_\_

### **PSA Associate Subscription Fees**

PSA Associate subscriptions (\$1,000 per annum + GST) are payable when invoiced

Cheques to be made payable to **Product Stewardship Australia**. EFT can be arranged.

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

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

### **Return this completed form with payment to:**

**Executive Officer  
Product Stewardship Australia Ltd  
Level 1, 250 Victoria Parade  
East Melbourne VIC 3002**