



Savannah Guides Enterprise Member Application

Enterprise Name: _____ ABN: _____

Contact Person: _____ Application Date: ____/____/____

Postal Address: _____

Town/City: _____ State: _____ Postcode: _____

Street Address/Location: _____

Phone 1: (____) _____ Phone 2: (____) _____

Mobile: _____ Fax No: (____) _____

Email address: _____

Web Site: _____

What is the business structure of your enterprise e.g. private company, sole trader, government agency?

Who is the owner/s of the enterprise? _____

Please describe your business, including your location or area of operation:

What kind of interpretive activities do you conduct?

How does your operation demonstrate a commitment to your community and/or environment?

Applicants must be proposed and seconded by a Savannah Guides Member:

Proposer Name: _____ Signature: _____

Seconder Name: _____ Signature: _____

Have you attended a Savannah Guides School?

Yes No

When: _____ Where: _____

When: _____ Where: _____

Do you have an accredited Savannah Guide (or applicant) guiding for your enterprise?

Name: _____ Phone/Contact: _____

Name: _____ Phone/Contact: _____

Please list the necessary licences and permits your enterprise has acquired to lawfully operate your tour and/or accommodation facility:

How long has your enterprise been operating? _____

Has your enterprise received any awards for its tourism activities?

Savannah Guides Limited Board member or representative:

Date of visit ____/____/____ **Savannah Guides representative:** _____

Please describe why you want to join Savannah Guides:

Please attach:

- A copy of your ATAP accreditation (if held)
- Your brochure and any other relevant product or visitor information
- A copy of your enterprise's Public Liability Insurance Certificate of Currency

I enclose my Registration Fee of \$500

- Accreditation at Sep-Nov School – full fee payable
- Accreditation at Mar-May School – 50% fee payable

Total Fees Payable: \$ _____

*Fees must be submitted with this application, either by cheque or by direct deposit into our bank account:
Savannah Guides Limited BSB: 034-167 Account: 47-1141*

Membership Pledge

I commit this enterprise to abide by the Savannah Guides Code of Conduct and membership conditions as interpreted by the Board, and pursue the objectives of the Savannah Guides Mission Statement

I agree to participate in mentoring procedures as directed by the Board of Savannah Guides Limited.

This enterprise shall also abide by the use of corporate imagery as stipulated by the Savannah Guides By Laws and in the event this enterprise withdraws its membership at a future date, permission to use the corporate imagery shall be withdrawn. In the event that this enterprise is sold, membership of Savannah Guides Limited and the use of its corporate imagery is at the discretion of the Savannah Guides Board.

Applicant's Signature: _____ **Date:** ____/____/____

Thank you for your application. We will be in contact soon.

Russell Boswell, Manager, Savannah Guides Limited