

Business Innovation and Incubation Australia (B.I.I.A.)

MEMBERSHIP APPLICATION

Fill out the listing below depending on whether you are A – a business Incubator or B – a person interested in incubators.

- Yes, I would like to be a member of BIIA or Yes, I would like to renew my membership with BIIA
 Please list me/my Business Incubator in the BIIA register of members

A. INCUBATOR (FULL MEMBER)					
Incubator Name:	Address: <div style="text-align: right;">Post code:</div>				
Telephone:	Fax:				
Email:					
Contact Person:	Position:				
Year Incubator Opened:	Current Number of Tenants or Licencees:				
Number of Graduates Since Year 1:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> Sponsorship Type (Circle Primary & Tick All That Apply) </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Local Government <input type="checkbox"/> Other Community Organisation <input type="checkbox"/> Hybrid of Above <input type="checkbox"/> Other (Please Specify) _____ _____ </td> </tr> <tr> <td style="vertical-align: top; border: none;"> <input type="checkbox"/> University or Other Tertiary Institution <input type="checkbox"/> Private Firm <input type="checkbox"/> Not-for-profit Economic Development Agency </td> <td style="border: none;"></td> </tr> </table>		Sponsorship Type (Circle Primary & Tick All That Apply)	<input type="checkbox"/> Local Government <input type="checkbox"/> Other Community Organisation <input type="checkbox"/> Hybrid of Above <input type="checkbox"/> Other (Please Specify) _____ _____	<input type="checkbox"/> University or Other Tertiary Institution <input type="checkbox"/> Private Firm <input type="checkbox"/> Not-for-profit Economic Development Agency	
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B. AFFILIATE MEMBER					
Agency/Business Name:	Address:				
Telephone:	Fax:				
Email:					
Contact Person:	Position:				
Are You Developing an Incubator (Please Tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Estimate Date of Opening _____				
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Services Provided (Tick All That Apply)	
<input type="checkbox"/> Affordable Space For growing Businesses <input type="checkbox"/> Shared Office Services <input type="checkbox"/> Networking Opportunities <input type="checkbox"/> Management or Technical Assistance <input type="checkbox"/> Assistance in Obtaining financing	<input type="checkbox"/> Services to Business Clients Outside the Incubators Business Advice <input type="checkbox"/> Accounting Services <input type="checkbox"/> Marketing Advice <input type="checkbox"/> Training eg. Small Business; Workplace/Assessor Cert IV <input type="checkbox"/> Other (Please Specify) _____ _____
PAYMENT DETAILS	
MEMBERSHIP FEES: <input type="checkbox"/> A. Incubator (Full Member) AU \$220 annual fee (inc. GST) <input type="checkbox"/> B. Affiliate Member AU \$110 annual fee (inc. GST)	Credit Card Payment <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Bankcard Card Number: _____ Expiry Date: ____ ____ Card Holders Name: _____ Signature: _____
PAYMENT OPTIONS: <input type="checkbox"/> Cheque Enclosed (Payable to BIIA)	

Please Return completed form to: PO BOX 1616 , Fremantle WA 6160
 Phone: +61 8 9430 8569 Fax: +61 8 9430 8579 Email: chair@businessincubation.com.au