

BUSINESS SUPPORTER APPLICATION

PHYSICAL ACTIVITY AUSTRALIA

NATIONAL FITNESS REGISTRATION

BUSINESS DETAILS

Business Name: _____ ABN: _____

Trading Name: _____

CONTACT DETAILS

Title: _____ First Name: _____ Surname: _____

Position: _____ Email: _____

Phone: _____ Mobile: _____

I agree to abide by Physical Activity Australian Code of Conduct



SAVE



EMAIL



PRINT

Please email your application to
memberships@physicalactivityaustralia.org.au
or mail it to the address below.



OFFICE USE ONLY

Application received: _____ / _____ / _____

Processed: _____ / _____ / _____

Registration No: _____

Payment ID: _____

** Physical Activity Australia is a division of the Bluearth Foundation.*

PHYSICAL ACTIVITY AUSTRALIA

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