



atsa

Assistive Technology Suppliers Australasia

MEMBERSHIP

WHY JOIN **ATSA**?

- To safeguard your business and your livelihood
- To directly influence policies that impact significantly on your business
- To help shape the future of our industry
- To improve the standards of education and training of therapists and prescribers
- To benefit from the ATSA business network
- Enjoy generous members' discounts on space at ATSA Daily Living Expos

HOW DO I **JOIN**?

Simply fill in the Membership Application Form and forward it to:

ATSA

**Level 7, 91 Phillip Street
Parramatta NSW 2150**

Your application will be reviewed by the ATSA Committee and if successful an invoice (payable in 7 days) will be forwarded to you for your Company's membership fees.

WHAT DOES IT **COST**?

Membership fees are structured so that all businesses can participate affordably as members of ATSA within simply defined membership categories. Membership fees are invoiced quarterly and payment by monthly direct debit is also available upon request.

- **Tier 1 - \$1,500** + GST per quarter
Multinational and large Australian companies with extensive national and/or international distribution.
- **Tier 2 - \$900** + GST per quarter
Companies with a national presence either through multiple shop fronts or an Australia wide network.
- **Tier 3 - \$600** + GST per quarter
Larger State based companies with 11 or more people working in the business (including owners).
- **Tier 4 - \$300** + GST per quarter
Smaller State based companies with 3-10 people working in the business (including owners).
- **Tier 5 - \$150** + GST per quarter
Small State based companies with up to 3 people working in the business (including owners).
Also available to businesses not resident in Australia (ie overseas manufacturers), therapists and others wanting to support ATSA.



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ATSA Membership Application - Please return to ATSA, Level 7, 91 Phillip St Parramatta NSW 2150

Company: _____ ABN: _____

Contact 1: _____ Title: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Contact 2: _____ Title: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Postal Address: _____

Physical Address (If different to postal address): _____

BUSINESS SEGMENTS:

- Manufacturing
- Importing
- Distribution
- Retail
- Hire
- Service
- Other (please specify)

BUSINESS SEGMENTS:

- Custom Mobility
- Standard Mobility
- Seating & Positioning
- Bath Safety
- Scooters
- Patient Handling
- Beds & Mattresses
- Respiratory
- Daily Living Aids
- Motor Vehicle Modifications
- Communication Devices

TOTAL STAFF:

MEMBERSHIP TIER:

- 1
- 2
- 3
- 4
- 5
- Payment by monthly direct debit required

Referee 1 Name: _____ Phone: _____

Company _____

Referee 2 Name: _____ Phone: _____

Company _____

On behalf of _____ I hereby apply for membership of Assistive Technology Suppliers Australasia Inc and confirm I have read the ATSA Code of Practice and will comply in full with its requirements and all other by-laws.

Signed: _____ Date: _____