



TAXI COUNCIL SOUTH AUSTRALIA INC.

(ABN 29 880 259 172)

PO Box 635, MARLESTON SA 5033

PHONE 08 8301 8400 FACSIMILE 08 8293 6300

Email : admin@taxicouncilsa.com.au

MEMBERSHIP APPLICATION FORM

Name of Licence Holder (either Company or Individual)
(Must hold Taxi Operator Accreditation and hold a Taxi Licence)

Postal Address: _____

_____ Post Code: _____ Mobile: _____

Operator Accred No: _____ Email: _____

Taxi-cab plate number/s: _____ Being the licence/lease holder of Taxi/s licensed by DPTI

Wish to become a financial member of the Taxi Council SA Inc (TCSA).

I

a) do hereby direct _____ to collect the weekly
(NAME OF CENTRALISED BOOKING SERVICE)

fee and pay it to the Taxi Council SA Inc on my behalf.

(AIT Only) Suburban Taxis & 13CABS will no longer collect membership fees.

b) Monthly Direct Debit to Taxi Council SA \$21.45 1st of each month.

c) enclosed is a cheque made payable to the Taxi Council SA Inc for \$257.40 (inc.GST)

Please note that the annual fee commences on the 1st July each year. If you join during the financial year an amended annual fee can be paid. Please contact the Taxi Council to determine the amount payable).

Membership ceases if fees are outstanding for longer than 3 months.

All fees apply for a minimum of twelve (12) months.

DATE. ____/____/____ SIGNATURE: _____

TCSA OFFICE USE ONLY

Date Entered on Master Database: ____/____/____

Date Entered on CBS payment File: ____/____/____

Date File Created: ____/____/____

Date Faxed to appropriate CBS: ____/____/____