



TAXI COUNCIL SOUTH AUSTRALIA INC.

(ABN 29 880 259 172)

PO Box 635, MARLESTON SA 5033

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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: _____

PCode: _____

Operator Accred No: _____ Email: _____

Mobile: _____ Being the licence/lease holder of Taxi/s licensed by DPTI

Taxi-cab plate number/s: _____

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

A once off fee of \$128.70 is payable upon joining

I (*choose one of the following*)

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.

b) enclosed is a cheque made payable to the Taxi Council SA Inc for \$257.40 (inc.GST) being the annual membership subscription (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.

A new joining fee must be paid after that time.

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: _____/_____/_____