



PO Box 268, Darlinghurst NSW 1300
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www.coat.asn.au
Ph: 0418 281 116
ABN 54 873 590 835

Membership Application Form

The _____
(Name of Tribunal)

applies for membership of the Council of Australasian Tribunals Inc. (COAT) and declares that it is supportive of the objects of the COAT as noted in the current Constitution available on the COAT website.

Please include the following details on the Register of Tribunals maintained on the COAT website:

Name of the Presiding Officer: _____

Name of the Registrar/CEO: _____

Postal Address of the Tribunal: _____

Web Address of the Tribunal: _____

Telephone No(s). of the Tribunal: _____

Fax No(s). of the Tribunal: _____

Brief Description of Jurisdiction *(if more space required, please attach separate sheet):*

Please direct correspondence and other communications relating to COAT to *(note these details are for COAT to contact you and not for publication):*

Presiding Officer/Nominee: _____

Email Address: _____

Alternative Phone No. or Postal Address *(if other than as above):*

Direct Telephone/Mobile No(s).: _____

Please note other key contacts, their position, phone and email contact details:

Signed: _____ Date: _____

Name: _____ Position: _____

PROFORMA TAX INVOICE - MEMBERSHIP

Membership of COAT is open to all tribunals operating in Australia and New Zealand. Membership fees are set in accordance with COAT’s constitution at AU\$50.00 plus 10% GST per full-time member, or part-time member or sessional member equivalent. Please refer to attached examples.

	Number of members	Amount
Number of full-time members	_____	AU\$_____
Number of part-time member/sessional member equivalents (includes a total of _____ part-time/sessional members)	_____	AU\$_____
SUB TOTAL:		AU\$_____
10% GST		AU\$_____
TOTAL:		AU\$_____

21 DAYS NET. PLEASE PAY ON INVOICE – NO STATEMENT ISSUED.

ALL ENQUIRIES TO: Kathryn McKenzie, COAT Secretariat secretariat@coat.asn.au 0418 281 116

Please tick payment method and include Tax Invoice Number with payment and correspondence:

<input type="checkbox"/> Electronic transfer. Please forward payment advice to: secretariat@coat.asn.au Commonwealth Bank BSB: 062 000 Account: 1138 0383	<input type="checkbox"/> Cheque payable to “Council of Australasian Tribunals Inc”: Council of Australasian Tribunals Inc PO Box 268, Darlinghurst NSW 1300
<input type="checkbox"/> Credit Card Payment (MasterCard or Visa Only) Card Number: _____ Expiry Date: _____ CVV: _____ Cardholder Name: _____ Signature: _____	