BUILDING SERVICE CONTRACTORS ASSOCIATION OF AUSTRALIA
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GROSS TURNOVER DECLARATION 2012 / 2013 – SECURITY MEMBER

Company /Name: ..... ABN .....
Company Representative: .....
Postal Address: ..... Post Code: .....
Phone: ..... Fax: ..... Mobile: .....
Email: ..... Number of employees: .....
(including full, part time, casuals & subcontractors)

- **As the size of companies varies, BSCAA's subscriptions are on a sliding scale based on Gross Annual Turnover.**
- **Tick the applicable category, noting that gross turnover includes all work carried out, including subcontracting.**
- **Members applications for new members from 1st March 2011 attract a BSCAA administrative membership fee of $250.00**
- **This fee is a once only administrative membership services fee to enable BSCAA to comply with the new Security Providers Act.**

Membership Type: ✓

- **Non-Core Providers & Associates** **$285** ☐
  (Companies whose core business is not within the security industry, but who hold or are applying for a Master Licence)
- **Core: (Companies activity engaged in the security industry) tick appropriate category below:**

Category	Annual Turnover	Subscription including GST	✓
1	Under $100,000	$ 240.00	☐
2	$ 100,00— $300,000	$ 290.00	☐
3	$ 300,000—$ 500,000	$ 470.00	☐
4	$ 500,000—$ 1 million	$ 740.00	☐
5	$ 1 million—$ 2,5 million	$ 1,065.00	☐
6	$ 2.5 million—$5 million	$ 1,726.00	☐
7	$5 million—$10 million	$ 2,435.00	☐
8	$10 million- $20 million	$ 3,170.00	☐

I hereby certify that the turnover range stated above is true and accurate. By signing this form, I acknowledge that my details—name, address, telephone, fax & email—may be made available to other members, authorised supplier members of BSCAA and recognised industry publications and industry regulatory bodies.

Signature: ..... Name (Print): ..... Date: .....

Payment details:

☐ I enclose a cheque for $ .....

☐ I have authorised a direct credit to the BSCAA bank account, details as under
BSB 484 799 Account 027198027 Amount $ .....
(Please give your company name and invoice number when making the direct credit so that your deposit can be identified)

☐ Please debit my credit card for $ ..... ☐ Visa ☐ Mastercard

Card Number — — — — — — — — — — — — — — — — Expiry — —/ — —

Cardholders' name _____ Signature _____