



Company Name \_\_\_\_\_  
 Trading Name \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
 P.O.BOX \_\_\_\_\_ CITY \_\_\_\_\_ POSTCODE \_\_\_\_\_  
 Phone \_\_\_\_\_ Facsimile \_\_\_\_\_  
 Mobile \_\_\_\_\_ Email \_\_\_\_\_  
 Web Site \_\_\_\_\_

*In applying for membership of the Logistics Managers Group it is acknowledged that the General Rules of the Victorian Transport Association inc. do not apply to this membership category.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

All other Business or Trading Names associated with this company

\_\_\_\_\_  
 \_\_\_\_\_

<b>ANNUAL SUBSCRIPTION:</b>	<b>\$2,500</b>
<b>Divisional Levy (where applicable) \$</b>	
<b>GST</b>	<b>\$ 250</b>
<b>Total</b>	<b>\$2,750</b>

Cheque Attached (Payable to the VICTORIAN TRANSPORT ASSOCIATION)

Payment Amount \$ \_\_\_\_\_

**Credit Card Payment Details (Cross "x" card type box)**

Bankcard       Mastercard       Visa  
 Diners       American Express      Expiry Date / \_\_\_\_\_

Credit Card Number \_\_\_\_\_

A Tax Invoice will be forwarded on Receipt of Payment

**Cardholders Signature** \_\_\_\_\_ **Cardholders Name (Please Print)** \_\_\_\_\_

NUMBER OF EMPLOYEES:	.....
NUMBER OF SITES:	.....
STATES OPERATED IN:	.....

**Special Interest Group Membership**

**LOGISTICS MANAGERS GROUP (LMG)**

**LMG members are businesses that retail, warehouse, or supply goods for cartage.**

**They have areas that can directly impact on distribution timing as well as transport operators legal responsibilities.**

**This Group was established to enable their different requirements and concerns to have a forum in which to discuss and resolve issues with the transport interface.**

**Regular meetings are held to work through issues and obtain workable solutions for all parties.**

Please complete and return to:  
 Membership Department  
 Victorian Transport Association  
 P.O.Box 5, South Melbourne 3205  
 (Wirraway Drive, Fishermans Bend)  
 tel: 03 9646 8590  
 Or  
 Fax to 03 9645 3598

<b>Office Use Only:</b>
Date Paid: ----- Amount \$
Division: --LOGISTICS MANAGERS GROUP
Date onto Database: -----
Entered By: -----