

# Membership Subscription Fees

## ***Tavern / Hotel Division:***

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Category 1:	Tavern only. No Bottle shop, No Gaming, 2am licence, No Accommodation
	<b>Fees:           \$1200 (incl GST) *</b>
Category 2:	Hotel with <b>one</b> of the following: Bottle shop, Gaming, 4am Closing, Accommodation
	<b>Fees:           \$1845 (incl GST) *</b>
Category 3:	Hotel with <b>two</b> of the following: Bottle shop, Gaming, 4am Closing, Accommodation
	<b>Fees:           \$2135 (incl GST) *</b>
Category 4:	Hotel with any <b>three</b> of the following: Bottle shop, Gaming, 4am Closing, Accommodation
	<b>Fees:           \$2195 (incl GST) *</b>
Category 5:	Nightclub – Predominantly a nightclub set up
	<b>Fees:           \$2205 (incl GST) *</b>
Category 6:	Hotel with Bottle shop, Gaming, 4am Closing and Accommodation
	<b>Fees:           \$2310 (incl GST) *</b>

**\* \$33 (incl GST) per gaming machine entitlement for any additional Gaming Machines over 10.**

## ***Accommodation Division:***

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Less than 40 rooms:	<b>\$451.00 (incl GST)</b>
40 or more rooms:	<b>\$11 per room (incl GST)</b>

## ***Clubs Division:***

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**AHA (NT Branch) Fee: \$928 (incl GST)**

**ClubsNT Fee: \$33 (incl GST) per gaming machine entitlement**

**Please Note:** As per the memorandum of understanding between the AHA (NT) and ClubsNT, the AHA (NT) does not represent ClubsNT on issues surrounding gaming & taxation if a unified position can not be reached.

## ***Wayside Inn Division:***

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**Fee:           \$639 (incl GST)**

## ***Restaurant Division:***

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**Fee:           \$517 (incl GST)**



**For enquiries regarding membership and other services offered by the AHA (NT), please contact us on (08) 8981 3650 or [admin@ahant.com.au](mailto:admin@ahant.com.au).**

# Membership Application Form

Company Trading Name:

Full Name of Owner:

ABN:

Manager's Name:

Nominee's Name:

Street Address:

Post Code:

Postal Address:

Post Code:

Telephone:

Fax:

Mobile:

Email address:

Web Address:

*Correspondence from the AHA(NT) should be directed to:*

Primary contact

Manager

Other - please specify :

Nominee

Secondary contact

Manager

Other - please specify:

Nominee

*Authorised staff (other than nominee and manager) to discuss industrial relations issues:*

1.

2.

*Your business details:* (please tick where applicable)

Club

Wayside Inn

Tavern / Pub

Restaurant

Accommodation Hotel: No of rooms: \_\_\_\_\_

Nightclub



Does your venue have: (please tick where applicable)

- |  |  |
|--|--|
| <input type="radio"/> Bottleshop                           | <input type="radio"/> KENO                             |
| <input type="radio"/> SKY                                  | <input type="radio"/> 2.00am licence                   |
| <input type="radio"/> FOX                                  | <input type="radio"/> 4.00am licence                   |
| <input type="radio"/> Gaming Machines: # of machines _____ | <input type="radio"/> Nightlife system                 |
| <input type="radio"/> TAB                                  | <input type="radio"/> Licensed Patron Capacity #:_____ |

Please advise if you are also a member of:

- Regional Tourism Association
- Chamber of Commerce NT
- Other industry body - please specify:  
\_\_\_\_\_

**Please note:**

*This application form for membership is to both AHA(NT) and AHA NT Inc and membership fees cover both associations. Further if the application is by a club membership stated included membership to ClubsNT.*

*Membership data collected is not provided to outside organisations other than those organisations associated with AHA (NT) and other members.*

*Industrial relations advice will only be provided to the venue's owner, nominee, manager or HR manager as advised from time to time and such persons who hold themselves out to be one of these officers.*

**Signed by:**  
\_\_\_\_\_

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

**Date:**  
\_\_\_\_\_



# Payment Authority

Please complete details and return with Membership Application Form to the Australian Hotels Association (NT) along with payment.

*Cheques should be made payable to 'Australian Hotels Association (NT)'.*

Cheque: \$

Organisation:

Contact Name:

Membership Division:

Total: \$

Please Charge to my credit card \$

Please circle:          Visa          MasterCard

Card number:

Expiry:

CCV:

Name on card:

Card holder signature:

**Australian Hotels Association (NT)**

**GPO Box 3270**

**Darwin NT 0801**

**Fax: 8981 5754**

**ABN: 48 911 463 427**

