



83 Wellington Street PORT ADELAIDE SA 5015

P: (08) 8445 8177 | E: sarta@sarta.org.au | W: www.sarta.org.au | ABN: 54 728 832 614

membership application

CONTACT DETAILS:

Organisation Name: _____

Contact Surname: _____ First Name: _____

Office Phone: _____ Mobile: _____ Fax: _____

Email: _____ Website: _____

Physical Address: _____

Postal Address: Street: _____ Suburb _____ State ____ Postcode: _____

SARTA Friday Bulletin, a weekly publication sent out to all members, provides industry information on current events that affect the Trucking Industry. This will be emailed to you at the email address listed above. Bulletins are also available on the SARTA Website, under the Member Resources tab.

FLEET & OPERATIONAL DETAILS:

Type of Operation (Please tick the most appropriate description of your operation)

<input type="checkbox"/> Armoured	<input type="checkbox"/> Bulk	<input type="checkbox"/> Car Carrier	<input type="checkbox"/> Container	<input type="checkbox"/> Courier Taxi Truck
<input type="checkbox"/> Fuel	<input type="checkbox"/> Furniture	<input type="checkbox"/> General Freight	<input type="checkbox"/> Grain	<input type="checkbox"/> Livestock
<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Supplier	<input type="checkbox"/> Tip Truck	<input type="checkbox"/> Waste	<input type="checkbox"/> Overdimensional Loads
<input type="checkbox"/> Other	<input type="checkbox"/> Interstate _____ % per week		<input type="checkbox"/> Intrastate _____ % per week	

Types of Vehicles Used (Please tick)

<input type="checkbox"/> Armoured	<input type="checkbox"/> B-Double	<input type="checkbox"/> Containers	<input type="checkbox"/> Livestock	<input type="checkbox"/> Rigid
<input type="checkbox"/> Road Train	<input type="checkbox"/> Semiarticulated	<input type="checkbox"/> Superdogs	<input type="checkbox"/> Tankers	<input type="checkbox"/> Tippers
<input type="checkbox"/> Vans	<input type="checkbox"/> Waste			

Number of Vehicles Owned: _____ **& Subcontracted:** _____

_____ **Total**

How many Staff do you have?

_____ Drivers _____ Office Staff _____ Yard Staff _____ Workshop

_____ **Total**

SARTA FEE STRUCTURE:

Membership Fees are based upon fleet size including any prime movers owned and sub-contractor prime movers forming a regular part of that fleet. (*Please tick appropriate level of vehicles*)

<input type="checkbox"/>	0	Vehicles: Associate Member	\$1,265.00 p.a.
<input type="checkbox"/>	1-2	Vehicle Owner/Driver	\$192.50 p.a.
<input type="checkbox"/>	3-14	Vehicles	\$104.50/vehicle p.a.
<input type="checkbox"/>	15-40	Vehicles	\$1,925.00 p.a.
<input type="checkbox"/>	41	Vehicles or more	\$2,530.00 p.a.
<input type="checkbox"/>	Industry Associations		Fee subject to negotiation

NB: All fees include GST and is payable upon application

SARTA Members receive the SARTA Friday Bulletin and any information regarding industry developments that are relevant. SARTA also provides a range of support and advice on Industrial Relations, Legislative Requirements and assistance in dealing with Government agencies. Members also have access to the Members Only Area on the SARTA Website for information on wage rates, past SARTA Bulletins, IR and Employee Management information.

In addition to the routine services, SARTA Members can access additional or specific support such as the development of Industrial Agreements, representation in the Commission over Dismissal or Wage Claims, or the development of WH&S or Accreditation programs, through SAMS on a discounted fee-for-service basis.

DECLARATION:

Please complete the following details to enable SARTA to provide your organisation with relevant information on industry and industrial relations developments and issues.

I/We hereby apply for membership of the South Australia Road Transport Association Incorporated.

Company Name: _____

Trading Names _____

Name of Managing Director or Owner: _____

I/We hereby agree, upon acceptance into Membership of SARTA, to be bound and to abide by the Constitution, Rules and By-Laws of the Association. I/We also acknowledge that a GST is applicable and payable upon membership application.

Signed _____ Date: _____ Name: _____

Signed _____ Date: _____ Name: _____

Note: This application shall, in the case of a partnership or firm be signed by all the partners. In the case of a corporation, be under the seal of such corporation and in all other such cases be signed by the prospective member.

Please return this completed form to SARTA with payment to:

Postal Address: 83 Wellington Street PORT ADELAIDE SA 5015 or

Contact Telephone: 08 8445 8177 Email: sarta@sarta.org.au Website www.sarta.org.au

PAYMENT DETAILS:

Membership Fee \$ _____

Method of Payment: Cheque or Credit Card

Credit Card Details:

Mastercard Visa CVV Number: _____

Expiry Date ____/____

Cardholder _____ Signature _____