



APPLICATION FOR MEMBERSHIP

PARK NAME _____

ADDRESS _____

POSTAL ADDRESS _____

ABN NUMBER _____

PHONE _____ **FAX** _____

EMAIL _____ **WEBSITE** _____

NAME OF PARK OWNER _____

NAME OF PARK MANAGERS _____

IS THE PARK OWNER OPERATED _____ **MANAGER OPERATED** _____

GPS CO-ORDINATES: _____

PLEASE PROVIDE DETAILS OF YOUR PARK FACILITIES?

Tourism	NUMBER OF CABINS WITH ENSUITE	
	NUMBER OF NON ENSUITE CABINS	
	TOTAL NUMBER OF CABINS	
Tourism	NUMBER OF POWERED SITES	
	NUMBER OF UNPOWERED SITES	
	NUMBER OF ENSUITE SITES	
Annuals - Tourism	NUMBER OF ANNUAL SITES	
	TOTAL NUMBER OF SITES	
	TOTAL NUMBER OF SITES AND CABINS	
Residential	NUMBER OF LONG TERM RESIDENTIAL HOMES	
	NUMBER OF LONG TERM RESIDENTIAL VANS AND ANNEXES	
	TOTAL NUMBER OF LONG TERM RESIDENCES	

PARK FEATURES (please tick)

- BARBECUE
- SWIMMING POOL
- PLAYGROUND
- CAMP KITCHEN
- TV COAX CABLE TO SITES
- KIOSK
- GAMES / RECREATION ROOM
- PETS AT MANAGERS DISCRETION
- SEWER DUMP POINT
- LAUNDRY
- RAIN WATER
- TENNIS COURTS
- BOAT RAMP
- DISABLED FACILITIES
- WIFI INTERNET ACCESS
- JUMPING PILLOW
- SITES FOR MOTORHOMES, RV'S OR LARGE VEHICLES
- WATERPARK
- OTHER FACILITIES PLEASE LIST _____

DOES YOUR PARK HAVE 24 HR ONSITE MANAGEMENT? _____

DO YOU CHARGE SITE AND/OR ACCOMMODATION FEES? _____

PLEASE ATTACH A GOOD PARK PHOTO FOR USE IN CARAVAN & CAMPING GUIDE.

I hereby apply for membership to SA Parks – the Caravan Parks Association of SA. I understand that membership will be granted following the Minimum Standards Assessment, upon the recommendation of the Committee and following payment of subscriptions.

Applicants hereby agree to abide by the Constitution (copy available on request) of SA Parks the Caravan Parks Association of SA and to actively utilise resources provided by SA Parks to assist their business.

Signed _____ Date _____

Print Name _____

PLEASE RETURN

BY EMAIL :

admin@sa-parks.com.au

OR POST :

SA PARKS

PO BOX 39

SEACLIFF PARK SA 5049