



# Sponsorship Application Form

Please read the Sponsorship Guidelines before applying for sponsorship.

We'll let you know the outcome of your application within 60 days.

Please attach any additional information you believe might help with your application.

Please email your application to:

[mel@communitybankamr.com.au](mailto:mel@communitybankamr.com.au)

## About Your Organisation

Name:

Address:

Phone:

Mobile:

Website:

Contact person:

Position:

ABN:

Registered for GST  Not registered for GST

Financial / Legal status of your organisation / group

Incorporated Association  Not for Profit  Individual

Company  Other

Does your organisation hold any existing accounts with **Community Bank Augusta Margaret River**?

Yes  No\*

\* Please note our policy is to support local organisations that support our Community Bank. It will be a pre-requisite for organisations to hold an account with our Community Bank or are opening an account. If you don't have an account, please speak to your local branch regarding what our Community Bank can offer your organisation

Please tell us about your organisation – how long have you been active, how many members do you have, what's your mission and your values?

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### **What you'd like us to sponsor**

Name of event / proposal / program:

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Date of event / proposal / program:

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Location of event:

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Description of event / proposal / program including its purpose and history (years running, past performance, past sponsors etc.)

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How many people do you expect to attract? What age group?

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### **Sponsorship Objectives**

Please outline the main objectives of the proposed event / proposal / program:

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## Sponsorship Information

What sponsorship amount are you requesting (incl. GST)?

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When do you need it?

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What will you use it for?

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Will we be the only financial institution to sponsor your event / organisation? Yes  No

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Is anyone else sponsoring your event / organisation and if so, what is the extent of their support?

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Is there any existing Government funding for your event / organisation?

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Is this a once off, or an ongoing opportunity / event?

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**Please tell us any other information which may help your application**

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Date:

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Signed:

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Full Name (please print):

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If your application is successful you will be required to complete an official Sponsorship Agreement. The above information will assist with the completion of the Sponsorship Agreement.

**Reminder:** Please attach any additional information you believe will add to the assessment of your sponsorship application.

**Notes (BRANCH USE ONLY)**

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Privacy: Community Bank Augusta Margaret River Bendigo Bank ABN 64 110 946 168 who own and operate Community Bank Augusta Margaret River will collect, hold and use your personal information to assess your application and respond to your request. Your information may be shared with Bendigo Bank and organisations that carry out functions on behalf of Bendigo Bank. For information on how we handle your personal information or how you can access it please read our Privacy Policy [www.bendigobank.com.au](http://www.bendigobank.com.au). Bendigo and Adelaide Bank Limited. ABN 11 068 049 178 AFSL 237879. (1389140-1389138)