



## SPONSORSHIP APPLICATION

### ABOUT US

The Caloundra **Community Bank®** is a franchise banking model that partners with organisations to generate and share revenue for the benefit of the local community. We welcome your sponsorship application which will be assessed by our Board across several criteria.

The criteria includes, but is not limited to, how your Organisation/Event positively impacts the community; how many people will benefit from our association; the nature and timing of your request in context of our current obligations, and the benefits back to the **Community Bank®** in terms of branding association, exposure, the opportunity to address members and ultimately new business.

The more our local community switches their banking to the Caloundra Bendigo **Community Bank®** the more the community benefits. It's that simple!

All Caloundra **Community Bank®** sponsorships must be on the grounds of exclusivity across banking, credit and financial institutions. Furthermore, Caloundra **Community Bank®** seeks the first and last right of refusal for a consecutive term of sponsorship.

**Please complete the following:**

**Date of application:**     /     /

**Name of applicant organisation:** .....

**ABN of applicant organisation:** .....

**Is your organisation a registered Not for Profit:**    Yes            No            (please circle)

**Is your organisation registered for GST**                    Yes            No            (please circle)

**Principal Contact:** ..... **Position/Title:** .....

**Organisation Address** .....

.....

**Daytime phone number** ..... **Mobile:** .....

**Email:** ..... **Website:** .....

**Event/Activity Title & Purpose:** .....

.....

**Location of Event/Activity:** .....

**Date of Event/Activity (if applicable):** .....

**Background of your Organisation/Event, size and membership base:**

.....  
.....

**Target Audience / Expected numbers:** .....

**What benefit will this sponsorship provide to the Caloundra community?**

.....  
.....

**Type of Support being requested:**

Financial contribution: \$.....

In Kind Support: .....

Have you previously received support from the Caloundra Bendigo **Community Bank®**:

Yes (if so please provide details) ..... No (please circle)

**Please indicate your organisation's willingness to provide the following partnership opportunities where applicable: (Please tick)**

- Naming Rights
- PA acknowledgement
- Opportunity for a bank representative to tell the **Community Bank®** story to members
- Introduction of banking products and services to your committee / members
- Inclusion of the branch in editorial of all relevant media releases
- Branch logo placement across all promotional material
- Use of our Bendigo Bank mascot
- Premium positioning of Bank's marquee at Event/s where relevant
- Premium positioning of Bank's banners/feathers at Event/s
- Advertising opportunities via newsletters and other communications to membership base
- Website inclusion of branch logo
- Permanent signage for the term of the agreement at organisation facility
- Logo on clothing/sporting attire (please indicate placement) .....
- Publicity stories (including a photograph) highlighting the benefits of the sponsorship
- Cross-promote and share activities and announcements on social media
- Other .....

**Does your application organisation have an existing account with the Caloundra Bendigo Community Bank®?** Yes / No (Please circle)

**If yes, please supply bank account details:**

Name.....

BSB..... Account .....

(Please note if application is successful, a Tax Invoice made out to Caloundra City Community Support Services Ltd will be required)

**If no, would your organisation be willing to switch their banking to the Caloundra Bendigo Community Bank®?** Yes / No (Please circle)

**Are you happy for the Directors to be made aware that your organisation has a Bendigo Bank account?** Yes / No (Please circle)

**Response to this application is required by:** / /

**Declaration:**

I am the authorised person to make this application on behalf of the applicant organisation and I agree that:

- All statements made in this application are true
- All necessary permits/approvals have been obtained prior to any Event/Activity
- The Event/Activity is covered by the appropriate insurance
- All relevant health and safety standards have been met
- Caloundra Bendigo **Community Bank®** branch does not accept any liability or responsibility for the Organisation's Event/activity

**Applicant's Signature**

Name: ..... Signature: .....

**Our Community Bank® Board will assess each request on merit of the application however preference will be given to organisations that are or will be customers of the Caloundra Bendigo Community Bank®.**

**To complete the application process, please scan and submit this application to:**

Pip Fawcett  
Branch Manager  
Caloundra Bendigo **Community Bank®**  
Shop1, 99 Bulcock Street, Caloundra Q 4551  
Email: [pip.fawcett@bendigoadelaide.com.au](mailto:pip.fawcett@bendigoadelaide.com.au)  
Phone: 07 5492 5267 Fax: 07 5491 8261

**APPROVALS:** (Branch Manager to complete)

- |  |
|--|
| <input type="checkbox"/> Approved              |
| <input type="checkbox"/> Support               |
| <input type="checkbox"/> Decline (reason)..... |