

MEMBERSHIP APPLICATION

I, the undersigned, being a Newsagent and an employer, desire to become a member of the above mentioned Association, and agree, if elected, to be bound by the Memorandum and Articles of Association and By-Laws of such Association. The following particulars are true in every respect:

Membership Type	<input type="checkbox"/> Combined Newsagency	<input type="checkbox"/> Retail Only	<input type="checkbox"/> Distribution Only
Newsagency Name	_____		
Newsagency Address	_____		
	Postcode	_____	
Residential Address	_____		
	Postcode	_____	
Home Telephone No	_____		
Full name of Partners/Directors(s)	_____		
Legal Name of owner(s) if other than	_____		
Individuals(s) eg co name	_____		
Nominated Voting Member's name	_____		
Business	Telephone No _____	Mobile No _____	
	Facsimile No _____		
	Email Address _____		
ABN Number	_____		
Annual turnover bracket (please tick)	<input type="checkbox"/> 0-.5 mil	<input type="checkbox"/> .5-1 mil	<input type="checkbox"/> 1-1.5 mil <input type="checkbox"/> 1.5 + mil
Transfer Date/Date ownership taken up	_____		
Method of Payment	<input type="checkbox"/> Monthly Direct Debit (See back)	<input type="checkbox"/> Cheque (Annual in Advance Only)	<input type="checkbox"/> Credit Card (Fill in details below)
Card Type:	_____	Card Holders' Name:	_____
Card Number:	_____ - _____ - _____ - _____	Expiry Date:	____ / ____
Amount \$	_____		
Commencement Date for Payment:	____ / ____ / ____		
Signatures of Candidates (all must sign)	_____		

Membership Code:

(Proposed by) Regional Chairman: _____

Region: _____

Dated the: _____ day of _____ 20 _____