



**AUSTRALIAN MUSIC ASSOCIATION**  
PO Box 1035  
Huntingdale, Victoria 3166  
Tel (0424) 902 321  
info@australianmusic.asn.au

## APPLICATION FOR MEMBERSHIP - WHOLESALER

Valid from 1 July 2020 to 30 June 2021

**Conditions of Application** - Wholesaler membership of the Association is subject to:

- a) The applicant being deemed a bona fide wholesaler of musical product by the Executive Committee (Wholesaler is defined where the primary function of the applicant business is the wholesaling of musical product)
- b) The applicant being nominated by two Association members as being bona fide as defined above or approved by the executive committee as such
- c) Upon acceptance a full year's membership is charged, which is then applied pro-rata for the second year
- a) Resignation of membership is only accepted in writing accompanied with any outstanding dues
- b) No refunds are given for membership fees
- d) The appropriate membership fee accompanying this application - fees currently applying are as follows:

**Number of FTE\*\* employees** (Please tick the relevant box)

- 1 – 4       \$990.00\*
- 5 – 10      \$1,980.00\*
- 11 – 20     \$3,960.00\*
- 21 or more  \$5,940.00\*

\*includes GST

\*\*FTE – Full time equivalent staff in the Wholesaling Company or Division

<b>Registered Company Name:</b> _____	<b>ABN No:</b> _____
<b>Trading Name:</b> _____	
<b>Proprietor(s):</b> _____	
<b>Business Address:</b> _____	
_____	<b>Post code :</b> _____
<b>Postal Address :</b> _____	
_____	<b>Post code:</b> _____
<b>Telephone:</b> _____	<b>Fax:</b> _____
<b>Email/Website Address:</b> _____	
<b>Contact Name:</b> _____	
<b>Proprietors, Directors, Partners:</b> _____	
_____	
<b>Business Type:</b>	
<i>Please tick the relevant box</i> <input type="checkbox"/> <b>Wholesaler (importer)</b> [ ] <input type="checkbox"/> <b>Wholesaler (manufacturer)</b> [ ] <input type="checkbox"/> <b>Distributor</b> [ ]	
<b>Main principles/Brands represented:</b> _____	
_____	

I/We hereby make application for membership of the Australian Music Association, and if approved, I agree to pay the appropriate fee and abide by the general rules, regulations and the constitution of the Association, and recommendations of the Executive Committee.

Signed by the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed by: \_\_\_\_\_ Member Company: \_\_\_\_\_

Seconded by: \_\_\_\_\_ Member Company: \_\_\_\_\_



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## MEMBERSHIP PAYMENT FORM

Company Name: \_\_\_\_\_

**Payment Method (please tick the appropriate payment method)**

Full Year payment by EFT

EFT Details: Account Name: Australian Music Association  
Bank: ANZ BSB: 013 427, Account no: 4404 82437

Note: Instalments by EFT are available on a quarterly basis after first year of membership.

Cheque (cheques payable to 'Australian Music Association')

Credit Card (2.0% surcharge applies to credit card payments)

Visa  Mastercard      Amount \$

Card Number: \_\_\_\_\_

Amount: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_