



AUSTRALIAN MUSIC ASSOCIATION

PO Box 1035

Huntingdale, Victoria, 3166 Australia

Tel (03) 9254 1019

Fax (03) 8610 1936

Email info@australianmusic.asn.au

APPLICATION FOR MEMBERSHIP- RETAIL

Valid from 1 July 2021 to 30 June 2022

Conditions of Application - Retail membership of the Association is considered subject to:

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

Number of employees - (Please tick the relevant box)

- | | | |
|--------------------------------|-----|-----------------------------------|
| <input type="checkbox"/> 1-3 | FTE | <input type="checkbox"/> \$295* |
| <input type="checkbox"/> 4-9 | FTE | <input type="checkbox"/> \$595* |
| <input type="checkbox"/> 10-20 | FTE | <input type="checkbox"/> \$995* |
| <input type="checkbox"/> 21+ | FTE | <input type="checkbox"/> \$1,495* |

* All fees include GST

* FTE = Full Time Equivalent Employees in Music Retail

Registered Business Name: _____

Proprietor(s): _____

ABN No: _____

Trading Name: _____

Address : _____

Post code: _____

Telephone: _____ Fax: _____

Email/Website Address: _____

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: _____