



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

APPLICATION FOR MEMBERSHIP - WHOLESALE

Valid from 1 July 2021 to 30 June 2022

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)

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 – 4 | <input type="checkbox"/> \$990.00* |
| <input type="checkbox"/> 5 – 10 | <input type="checkbox"/> \$1,980.00* |
| <input type="checkbox"/> 11 – 20 | <input type="checkbox"/> \$3,960.00* |
| <input type="checkbox"/> 21 or more | <input type="checkbox"/> \$5,940.00* |

*includes GST

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

Registered Company Name: _____	ABN No: _____
Trading Name: _____	
Proprietor(s): _____	
Business Address: _____	
_____	Post code : _____
Postal Address : _____	
_____	Post code: _____
Telephone: _____	Fax: _____
Email/Website Address: _____	
Contact Name: _____	
Proprietors, Directors, Partners: _____	

Business Type:	
<i>Please tick the relevant box</i> Wholesaler (importer) [<input type="checkbox"/>] Wholesaler (manufacturer) [<input type="checkbox"/>] Distributor [<input type="checkbox"/>]	
Main principles/Brands represented: _____	

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: _____