**AUSTRALIAN MUSIC ASSOCIATION**



PO Box1035

Huntingdale

Victoria, 3166 Australia

Tel (03) 9254 1019 Fax (03) 8610 1936

Email info@australianmusic.asn.au

**APPLICATION FOR MEMBERSHIP - ASSOCIATE**

Valid from 1 July 2016 to 30 June 2017

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

1. The applicants business or activity having links to the music products’ trade  
   e.g; music teachers, schools, media, organisations and merchants of music products other than retailers and wholesalers, as well as individuals with a direct interest in music products
2. Associates under the constitution do not have voting rights, but are afforded all other members rights
3. The applicant being nominated by one Association member as being bona fide as defined above
4. Upon acceptance a full year’s membership is charged, which is then pro-rata’d for the second year.
5. Resignation of membership is only accepted in writing accompanied with any outstanding dues
6. No refunds are given for membership fees
7. The appropriate membership fee accompanying this application - fees currently applying are as follows:

Full year membership - **$ 255.00 (incl GST)**

Registered Business Name:

ABN or ACN No (if applicable):

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:

Brief Description of applicants business:

Place of business (please circle): Store School Office Home Other:………

Referee (*from a current AMA Member*):

Name: Business Name:

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

🞎 Cheque (payable to ‘Australian Music Association’)

🞎EFT: Account Name: Australian Music Association, BSB: 013 427, Account no: 4404 82437

🞎 Credit Card 🞎 Visa 🞎 Mastercard Amount:

Card Number:

Expires: CVV

Name as it appears on card: Signature:

ABN: 58 026 169 284