

# MEMBERSHIP APPLICATION FORM



Registered Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Trading Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Details:

Contact Person: \_\_\_\_\_

Position Held: \_\_\_\_\_

Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_

How long has your business been trading? \_\_\_\_\_

Is your business a member or past member of another buying group?

Yes  No  If Yes, please give the name of the group:

\_\_\_\_\_

Would you like to receive regular newsletters regarding new preferred supplier terms and promotions via email?

Yes  No

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

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

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