



14 Briana Court, Kellyville NSW 2155  
Office: (02) 8883 0075 – Mob: 0412 110 092  
Website: [www.ava.asn.au](http://www.ava.asn.au) – Email: [info@ava.asn.au](mailto:info@ava.asn.au)

**MEMBERSHIP APPLICATION / RENEWAL FORM**

I / We the undersigned, hereby apply for membership of the Australian Vending Association, and agree to be bound by the Constitution thereof as well as the Code of Ethics and Customer Charter.

I confirm that I have a Public Liability Policy in force whilst I am a member of the AVA Inc. Certificate of currency must be provided with application.

Company Name: ..... ABN:.....

Director's Name / s:.....

Nominated Representative: .....

Position Held: .....

Address: .....

.....Post Code: .....

Email: ..... Web Site: .....

Telephone: ( ) .....Facsimile: ( ) .....

Mobile: ..... \*Category: .....

\*i.e. Drinks, Snacks, Hygiene, Parts etc.

Year Commenced Trading: .....

Signed: .....

Proposed By: .....

Date: .....

Company: .....

Seconded By: .....

Company: .....

Date Approved: .....

**THIS APPLICATION IS SUBJECT TO APPROVAL BY THE BOARD OF THE AVA**

**PAYMENT METHODS OVERLEAF.**



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**PAYMENT BY: CREDIT CARD, DIRECT TRANSFER OR CHEQUE.**

Name on Credit Card: .....

Type Of Card: Visa [ ] Mastercard [ ] AMEX [ ] Card No: .....

Expiry Date: ..... Amount paid: .....

Signature:..... Date:.....

**Direct Transfer Details:**

Account Name: Australian Vending Association  
Bank: West Pac  
B.S.B: 032 000  
Account No: 133440

**All Cheques to be made out to:**

Australian Vending Association  
14 Briana Court  
Kellyville NSW 2155

**FEES:**

<b>Joining Fee</b>	<b>\$ 110.00 Inc. GST</b>
<b>National Membership Fee</b>	<b>\$ 665.00 Inc. GST</b>
<b>State Membership Fee</b>	<b>\$ 380.00 Inc. GST</b>