

14 Briana Court, Kellyville NSW 2155

Mob: 0412 110 092 – Website: [www.ava.asn.au](http://www.ava.asn.au) – Email: 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 Australian Vending Association Inc. A Certificate of Currency must be provided with application.

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

Director’s Name/s:…..……………………………………………………………………………………….

Nominated Representative: ………………………………………………………………………………….

Position Held: …………………………………………………………………………………......................

Address: ……………………………………………………………………………………………………..

………………………………………………… Postcode: ……………………………………….………..

Email: ……………………………………….. Website: …………………………………………………

Telephone: ( ) ………………………….. Mobile: ……………………………………….…………

Website: …………………………….……… Category: ………………………….…………...………..

 (i.e. Beverages, Food, Snacks, Hygiene etc.)

Year Commenced Trading: ……...……...…..

Signed: ………………………… Proposed By: ……………………………………………

Company: ……………………………………….………

Date: ……………………………

 Seconded By: ……………………………………………

 Company: ……………………………………………….

 Date Approved: …………………………………………

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

**PAYMENT METHOD OVERLEAF**



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**FEES:**

**Joining Fee $ 100.00 + GST**

 **National Membership Fee $ 700.00 + GST**

 **State Membership Fee $ 400.00 + GST**

**MEMBERSHIP FEES TO BE PAID VIA. DIRECT DEBIT**

**Direct Transfer Details:**

Australian Vending Association

BSB: 032 000

Account No: 133440

Please use your Company Name for remittance identification.