



14 Briana Court, Kellyville NSW 2155

Mob: 0412 110 092 – Website: 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:

Date:

Company:

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.