

MEMBERSHIP APPLICATION FORM

- I hereby apply for admission to membership of The Australian Antique & Art Dealers Association (_____ State Chapter)
- I agree to abide by the rules as laid down in the Code of Practice and Articles of Association of the Australian Antique & Art Dealers Association (AAADA) and any variance of those rules that may be decreed from time to time.
- I understand I will need to undertake an examination in my declared area of expertise and that my stock and trade will be inspected by elected representatives of the AAADA and may be further subjected to additional inspections from time to time.

Applicant given names _____

Registered trading name _____

Company Partnership Sole Trader

Name of company (if applicable) _____ ABN _____

Reg Office _____

Address of trading premises _____

City _____ State _____ Postcode _____

Postal address (if different to address above) _____

Suburb _____ State _____ Postcode _____

Business _____ Facsimile _____

Mobile _____

E-mail address _____

Internet _____

Date business established _____ Secondhand dealers licence number _____

Licence valid from _____ to _____ State of Issue _____

Length of time in business _____ How long trading under this business name _____ Years

Personal details:

Home address _____

Suburb _____ State _____ Postcode _____

Home phone no. _____

Please forward all applications to:

The Executive Secretary, AAADA, P.O. Box 24, Malvern. Victoria. 3144. Australia.

