

## 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.



**Membership Application Form (contd.)**

I am applying as a:    General    Specialist Dealer

The fields I deal in are:

a \_\_\_\_\_ b \_\_\_\_\_  
c \_\_\_\_\_ d \_\_\_\_\_  
e \_\_\_\_\_ f \_\_\_\_\_

Tertiary qualifications: \_\_\_\_\_  
\_\_\_\_\_

I consider I have specialist expertise in the following area/s: \_\_\_\_\_  
\_\_\_\_\_

- IN MAKING THIS APPLICATION I AGREE THAT I HAVE:
1. READ AND AM FAMILIAR WITH THE AUSTRALIAN ANTIQUE & ART DEALERS ASSOCIATIONS' CODE OF PRACTICE AND ARTICLES OF ASSOCIATION
  2. I FURTHER AGREE TO ABIDE BY THESE RULES AND ANY OTHER RULES THAT MAY BE SET DOWN FROM TIME TO TIME BY THE COMMITTEE OF THE AAADA.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Proposer name \_\_\_\_\_

Proposer signature \_\_\_\_\_ Date \_\_\_\_\_

Secunder name \_\_\_\_\_

Secunder signature \_\_\_\_\_ Date \_\_\_\_\_

*On the page provided overleaf please state briefly your career as a dealer, including experience gained in these fields, as well as any further studies (other than qualifications already listed) you may have also undertaken to hone your expertise.*

**OFFICE USE ONLY**

Date application received \_\_\_\_\_ Date forwarded to State Chapter \_\_\_\_\_

Premises Inspected: \_\_\_\_\_ Date Inspection \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date forwarded AAADA Office \_\_\_\_\_

Examination Result \_\_\_\_\_ Date Exam \_\_\_\_\_

Recommendation to Executive Committee of AAADA \_\_\_\_\_ Date passed \_\_\_\_\_

Date Applicant Notified \_\_\_\_\_ Dealers Package Sent \_\_\_\_\_

Standard sign delivered \_\_\_\_\_ Subs Invoice Sent \_\_\_\_\_ Subs Paid \_\_\_\_\_