



MEMBERSHIP APPLICATION FORM

I hereby apply for admission to membership of The Australian Antique & Art Dealers Association
(_____ State Chapter)

- a) I agree to abide by the rules as laid down in the Code of Practice and the Constitution of the Australian Antique & Art Dealers Association (AAADA) and any variance of those rules that may be decreed from time to time.
- b) 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 (Full Name)

Registered trading name

Company Partnership Sole trader

Name of company (if applicable)

ABN

Reg Office

Address of trading premises

Suburb

State

Postcode

Postal address (if different to address above)

Suburb

State

Postcode

Telephone

Mobile

Email

Website

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

Personal details

Home address

Suburb

State

Postcode

Telephone

Please indicate which is applicable

Membership fees

Under 40 years of age : \$425

40 years and over: \$850

Please forward all applications to:

The General Manager, AAADA, P.O. Box 294, Apollo Bay. Victoria. 3233. Australia.

Or Email: keren@aaada.org.au

AAADA Membership Application Form (contd.)

My knowledge and understanding has been gained;

All applicants must be proposed & seconded by a Member of the AAADA who has been a member for not less than three years.

Please forward all applications to:
The General Manager, AAADA, P.O. Box 294, Apollo Bay. Victoria. 3233. Australia.
Or Email: keren@aaada.org.au

AAADAA 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 CONSTITUTION
2. I FURTHER AGREE TO ABIDE BY THESE RULES AND ANY OTHER RULES THAT MAY BE SET DOWN FROM TIME TO TIME BY THE BOARD OF DIRECTORS OF THE AAADA.

Signature of applicant _____ Date _____

Proposer name _____

Proposer signature _____ Date _____

Seconder name _____

Seconder 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

Examination Result

Date Exam

Name

Signature

Name

Signature

Date forwarded AAADA Office

Recommendation to Executive Committee of AAADA

Date passed

Date Applicant Notified

Dealers Package Sent

Standard sign delivered

Subs Invoice Sent

Subs Paid