



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.

AAADA Membership Application Form (contd.)

My knowledge and understanding has been gained;

[illegible]

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 |