

MEMBERSHIP APPLICATION FORM

I hereby	by apply for admission to membership of The Australian Antique & Al	rt 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 applied	cable)		
ABN			
Reg Office			
Address of trading premise	es		
Suburb		State	Postcode
Postal address (if different	to address above)		
Suburb		State	Postcode
Telephone		Mobile	
Email		Website	
Date business established			
Secondhand dealers licence	e 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 ap	plicable		
Membership fees	Under 40 yea	rs of age : \$495	40 years and over: \$990

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.

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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) f) e) 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

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.

Date

Seconder signature

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 A	AAADA	Date passed			
Date Applicant Notified	Dealers Package Sent				
Standard sign delivered	Subs Invoice Sent	Subs Paid			