



Date .....

MEMBERSHIP APPLICATION FORM – ASSOCIATE MEMBER

Mr D M King  
 Secretary  
 Australian Hide Skin and Leather Exporters Association Ltd  
 PO BOX 963  
 WARWICK 4370

WE

..... (Name of Company, Firm or Business)

OF ..... (Postal Address)

HEREBY APPLY FOR associate membership of the Australian Hide Skin and Leather Exporters Association Ltd and if accepted we agree to abide by the Association’s Constitution.

In support of our application we provide the following information in respect of our organisation and its operations.

ABN: .....

STREET ADDRESS .....

PHONE NUMBER ..... FAX NUMBER .....

EMAIL ADDRESS ..... Website.....

NAMES OF DIRECTORS/PARTNERS

.....  
 .....

Contacts AHSLEA should supply general information to

Name	Email	Name	Email
.....	.....	.....	.....
.....	.....	.....	.....

Contacts AHSLEA should supply market access Information to

Name	Email	Name	Email
.....	.....	.....	.....
.....	.....	.....	.....

REFERENCES The following organisations may be approached to confirm our reputation for reliability in business dealings.

BANKERS .....

INDUSTRY REFERENCE .....

ONE OTHER REFERENCE .....

IS ANY DIRECTOR of the Company an undischarged bankrupt or has a bankruptcy order been made against any Director within 7 years prior to the date of this application?

YES or NO

WHERE THE APPLICANT IS A FIRM OR INDIVIDUAL is the applicant, or partner of the firm, an undischarged bankrupt or has a bankruptcy order been made against any such person within 5 years prior to date of this application?

YES or NO

SUMMARY of our organisation's activities and involvement in the industry.

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MEMBERSHIP SUBSCRIPTION

2016 Calendar Year Membership subscription is A\$1300p.a. plus GST.

Invoice will be issued upon approval of Application

SIGNED FOR APPLICANT .....

NAME AND TITLE .....

PROPOSED BY .....Signature .....  
(On behalf of existing FULL member)

SECONDED BY .....Signature .....  
(On behalf of existing FULL member)

Form must be completed in full prior to submission