



Date

MEMBERSHIP APPLICATION FORM – ASSOCIATE MEMBER

Mr D M King
 Executive Officer
 Australian Hide Skin and Leather Exporters Association Inc.
 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

2025 Calendar Year Membership subscription is A\$1600p.a. plus GST. Invoice will be issued upon approval of Application

SIGNED FOR APPLICANT

NAME AND TITLE

PROPOSED BYSignature
(On behalf of existing FULL member)

SECONDED BYSignature
(On behalf of existing FULL member)

Form must be completed in full prior to submission