

Application for Membership

Business Name: _____
PLEASE PRINT

Full Name of Proprietor: _____

If Nominated by Association Member, State Name of Member: _____

Representative (for meetings): _____

Alternative Representative: _____

Details of Goods &/or Services Provided: _____

Number of years engaged in business: _____ Number of Staff: _____

Please Tick Type of Membership for: Corporate Personal ABN: _____

Business Address: _____

PLEASE PRINT

P.O. Box Number (if applicable): _____

Business Phone Number: _____ Fax Number: _____

Mobile Phone Number: _____ E-mail Address: _____

In consideration of my admission to Membership of Visual Industries' Suppliers Association Inc.,
I hereby undertake to comply with the Rules and By-laws of the Association

SIGNED (APPLICANT): _____ DATE: _____

SIGNED (NOMINATOR, if any): _____ DATE: _____

Payment options: (please see attached page)

VISUAL IMPACT PROMOTIONS PTY LTD
ABN 14086 098 811

PHONE: 9868-1577 FAX: 9869-0554
EMAIL: peterh@visa.org.au

3/123 Midson Road Epping NSW 2121 Australia
P.O. Box 3723 Marsfield, NSW, 2122

