



ElectroTechnical Association

Membership Application Form

I hereby apply for membership of the Association in the name of the business entered below. I agree to uphold the principles of the Association and abide by the existing rules at all times. Any person, partnership, company, body corporate or association working in the industry or in such related industry areas that are not inconsistent with clause 2.1.1 of the Association Rules may make applications for ordinary membership.

[Clause 2.1.1(Objects) To promote the general interests and welfare of all involved in the manufacture, importing, distributing, retailing or servicing of electronic and electrical appliances and systems (In these rules called the "Industry") and/or the provision of ancillary services to, or in association with any of the above. By way of example but not in limitation, the products and services referred to herein, shall mean and include the supply and servicing of all goods generically termed electrical and electronic products, home appliances, computers, electronic games, telephonic and communication equipment, security equipment and associated systems and services and any additional items which may from time to time fall within this generic grouping].

I understand that this application form must be completed fully and accompanied by the appropriate fee in accordance with the enclosed scale. **NOTE:** Fees may vary from year to year, (refer to current fee chart) and may be paid either by cheque, made out in favour of the AEIA, direct credited, or by credit card (Visa or MasterCard) – **See Enclosed Remittance Advice**

SECTION 1 – ALL APPLICANTS TO COMPLETE

Name of Company: _____

Trading Name: _____
(if different from above)

Postal Address _____
(head office if applicable)

Trading Address: _____

Phone No: _____ Fax No: _____ Mobile No: _____

Email Address: _____

Proprietor(s) or Manager: _____ Date: _____

OUR PRINCIPAL BUSINESS ACTIVITY IS: (Please tick as appropriate)

- | | |
|--|---|
| 1. <input type="checkbox"/> Supplier | <input type="checkbox"/> plus some servicing activity |
| 2. <input type="checkbox"/> Retailer | <input type="checkbox"/> plus some servicing activity |
| 3. <input type="checkbox"/> Service dealer | <input type="checkbox"/> plus some retailing activity |
| 4. <input type="checkbox"/> Support Services | |

THE PRODUCTS OUR BUSINESS DEALS IN ARE: (Please tick as many as appropriate and necessary)

- | | |
|--|---|
| A. <input type="checkbox"/> Appliances (whiteware) | B. <input type="checkbox"/> Consumer Electronics (browngoods) |
| C. <input type="checkbox"/> Portable Appliances | D. <input type="checkbox"/> Computers |
| E. <input type="checkbox"/> Telecommunications | F. <input type="checkbox"/> Components |

G. Other (specify): _____

NUMBER OF TRADING LOCATIONS: _____ Do you require a mailing service to each location? YES/NO (Strike one)
(ADDITIONAL COST PER LOCATION - \$ 56.50 PER LOCATION – PROVIDE ADDRESSES ON THE REVERSE SIDE OF THIS APPLICATION, INCLUDING EMAIL)

SECTION 2 – SERVICE APPLICANTS TO COMPLETE

(1) Do your service technicians hold the appropriate registration and practicing licenses covering the type of work undertaken?
YES/NO. (Strike one). State number of Service Technicians employed: _____

(2) Please two suppliers as references: (a) _____ (b) _____

SECTION 3 – SUPPORT SERVICE (Category 4) APPLICANTS TO COMPLETE

Please describe the nature of your company's service to the industry. (e.g. Trade media, software providers, TV antenna installations only, etc: _____

Total Fees Being Paid: _____
(SEE FEE SCHEDULE ON REVERSE OF THIS APPLICATION FORM)

