



BLIND MANUFACTURERS'
ASSOCIATION OF AUSTRALIA

14 Lions Park Drive
Yatala Qld 4207
Telephone: (07) 3801 8811
Email: info@bmaa.net.au
ABN No: 91 093 073 208
ACN No: 093 073 208

APPLICATION FOR **ASSOCIATE MEMBERSHIP** (please print)

REGISTERED BUSINESS NAME: _____

TRADING NAME: _____

ABN NUMBER: _____

ADDRESS: _____

_____ **POSTCODE** _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

WEBSITE ADDRESS: _____

CONTACT PERSON FOR BMAA: _____

DESCRIPTION OF BUSINESS: _____

PLEASE PROVIDE 3 TRADING REFERENCES: _____

PLEASE TICK: Retailer; Other _____

APPLICANT'S SIGNATURE: _____ DATE: _____

IMPORTANT

1. A full year's annual contribution must accompany this application (the current annual contribution is **\$600** (incl GST) per company.
2. Provide copy of Certificate of Currency for Public Liability Insurance.