



BLIND MANUFACTURERS'  
ASSOCIATION OF AUSTRALIA

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ACN No: 093 073 208

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

REGISTERED BUSINESS NAME: \_\_\_\_\_

TRADING NAME: \_\_\_\_\_

ABN NUMBER: \_\_\_\_\_

DATE BUSINESS WAS ESTABLISHED: \_\_\_\_\_

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 **\$630** (incl GST) per company.
2. Provide copy of Certificate of Currency for Public Liability Insurance.