HAV MEMBERSHIP APPLICATION FORM

We wish to become a member of Hardware Association Victoria *(Office use only)*

Australian Business Number: ___/___/___/___/___/___/___/___/___/___/___/ HAV _____

Company name : _____

Trading name :_____

Store address :_____

Postal address :_____

Phone :_____ Fax : _____

Email :_____ Mobile :_____

Owner – Director	Contact person (day to day basis)
Mr/Mrs/Ms _____	Mr/Mrs/Ms _____
Position _____	Position _____

LEVEL	PLEASE TICK	NUMBER OF FULL TIME EQUIVALENT EMPLOYEES	AMOUNT DUE (Not including GST)	GST	TOTAL DUE (Including GST)
1		**0-5**	**$347.00**	**$34.70**	**$381.70**
2		**6-20**	**$520.00**	**$52.00**	**$572.00**
3		**21-39**	**$709.00**	**$70.90**	**$779.90**
4		**40 or more**	**$761.00** + $18.00 Per Full-Time Staff Member + $9.00 Per Part-Time/Casual Staff Member	**$76.10** $ 1.80 $ 0.90	**$837.10** $ …… $ ……
Once off Joining Fee Membership Kit			**$50.00**	**$5.00**	**$ 55.00**
				TOTAL AMOUNT	**$** ……

Payment is by*: please tick*

EFT Details: ARA Victoria
BSB: 333-030 A/c 700 237 105
REF: New Member

☐ cheque ☐ credit card ☐ direct debit ☐ EFT

Please make cheques payable to the Australian Retailers Association - Victoria

Credit Card Type ☐ Bankcard ☐ Mastercard ☐ Visa ☐ Amex ☐ Diners

Credit Card Number: ___/___/___/___ ___/___/___/___ ___/___/___/___ ___/___/___/___

Expiry date: ____/____ Name on Card_____

Signature_____

NB: No refunds are given on membership subscriptions.

I apply to join the Association and agree to be bound by its rules. I confirm that at the date of making this application I am not aware of the business having a pre-existing claim against it that would require the Association's assistance. I understand that should a claim exist at the time of joining (or subsequently arise relating to events before joining) the Association may charge a fee for assistance of may decline to act.

Signature _____ Date ☐☐ ☐☐ ☐☐☐☐