

WFAANZ MEMBERSHIP APPLICATION FORM

I wish to apply	for WFAANZ m	embership (as a:		nember	Associate member	
Company name: Trading/Business name:				ABN	:		
Address:							
				Postcode	:		
Phone:	one:			No. of years			
Email:							
Website:							
my em	•	•		Z Code d	of Practice and	& New Zealand. I and I Code of Ethics.	
Name: Position:					:		
Signature: Date:							
5.1 The Membership5.2 A person, firm or and has paid his/ firm or company unless the majorit	company is qualified her/its subscription for whose part of sole bu ty of the products they Member. A Distributo	to be a Distribu the current year siness is the who are wholesaling	tor Member whose This includes the olesaling of window are being imported	e part or sole importation film withou by a current	e business is as a Wh of window film for the t importation shall be Distributor Member, ir	olesale Distributor of Window Film purpose of wholesaling. A person, classified as a Distributor Member which case they shall be classified to of two (2) representatives on the	
business, meets to speak and be h	the provision within cla	ause 5.2 and has eetings of the As	paid his/her/its sub sociation but shall	scription for only be entit	the current year. An	r or operator of a window film Associate Member shall be entitled the Association or in any	
WFAANZ membershi	p is financial year July	to June.					
ANNUAL MEME Associate memb	BERSHIP FEES Dership fee: AU\$3	385 (GST inc.)	Distributor	member	rship fee: AU\$5,5	00 (GST inc.)	
This ap			Win	dow Film	Association of A	roval, please make payment to: Australia and New Zealand SWIFT Code: WPACAU2S	
Office use only	Date received:				Membership no.:		