

WFAANZ MEMBERSHIP APPLICATION FORM

I wish to apply	for WFAANZ me	embership as a:	Distributor member	Associate member
Company name: Trading/Business name:		AB		
Address:				
Phone:		No. of year	ırs	
Email:				
Website:				
	employees agre	nip of the Window Film Associa ee to abide by the WFAANZ Co Positio	enstitution and Co	
Signature:				
A person, firm or comhas paid his/her/its sucompany whose part majority of the product Associate Member. A Committee. Distribution	ne Association shall conpany is qualified to be abscription for the current of sole business is the cts they are wholesaling a Distributor Member shutor membership	nsist of "Distributor Members" and "Associa Distributor Member whose part or sole buent year. This includes the importation of wind wholesaling of window film without importation grare being imported by a current Distributor Member be entitled to a minimum of one (1) and a fee: AU\$5,500 (GST inc.)	siness is as a Wholesale ow film for the purpose on shall be classified as a Member, in which case the maximum of two (2) repr	of wholesaling. A person, firm or a Distributor Member unless the hey shall be classified as an resentatives on the Executive
meets the provision v be heard at all Gener	within clause 5.2 and har al Meetings of the Ass	as paid his/her/its subscription for the current pociation but shall only be entitled to hold an of Executive Committee. Associate members	year. An Associate Mem ffice in the Association o	ber shall be entitled to speak and r in any Committee or Sub-
WFAANZ membershi	ip is financial year July	to June.		
,		will be sent to the WFAANZ Execu oproval, you will be issued an invo		1 1
Office use only	Date received:		Membership no.:	