

Timber Merchants Association (Vic)
2012 Application for Membership

I/We _____ of _____
Name of applicant/owner Company/business name

Wish to become a member of the Timber Merchants Association of Victoria (TMA). I/We understand that as a member of the TMA we are expected to abide by the General Conditions of Membership and that:

1. Our Membership may be terminated by the Management Committee at its discretion, if we fail to comply with the rules of the Association and the General Conditions of Membership as amended from time to time.
2. Use of the Association Logo is at the discretion of the Management Committee and use will only be permitted after the Management Committee is satisfied that all prerequisites for use have been satisfied.
3. The Association Logo and any signage remain the property of the Association and may be withdrawn after 14 days notice from the Secretary.
4. A Right of Appeal to the Management Committee exists if it is considered that any ruling of the Committee is unjust.

Signature of Applicant: _____

Full Name: _____

Title: _____

Date: _____

MEMBER DETAILS

Please ensure that the contact details below are correct. Any changes may be listed in the right hand column.

PRIMARY CONTACT NAME (MANAGEMENT):		
Company Name:		
Accounts Contact Name:		
IR Contact Name:		
Number of Full Time Employees		
Number of Part Time Employees		
Number of Branches		
Industrial Relations Coverage (i.e. Award Respondency)		
Group Alliance (e.g. M10, NBSG)		
Mailing Address:		
Street Address		
Switch Phone Number:		
Direct Phone Number:		
Fax Number:		
Mobile Phone No		
E-mail Address:		
Website Address:		
ABN:		

Branches

Manager	Address	Phone Facsimile Email
		P: _____ F: _____ E: _____
		P: _____ F: _____ E: _____
		P: _____ F: _____ E: _____

MEMBERSHIP FEES – 2012

As part of your membership package, your contact details will be added to the TMA website.

The \$570 joining fee includes a standard signage package to be delivered.

A member may resign from membership by written notice addressed and delivered to the Executive Director.

Please complete this form (see overleaf for payment and contact details) and forward with payment to:
Accounts Department
Timber Merchants Association
PO Box 97 Blackburn VIC 3130
Or fax to (03) 9877 6663

ANNUAL FEES (GST INC)

2012 Subscription Fee:			
up to 5 Employees	\$1795.00	<input type="checkbox"/>	
to 10 Employees	\$2495.00	<input type="checkbox"/>	
11 to 15 Employees	\$3215.00	<input type="checkbox"/>	
16 to 20 Employees	\$3695.00	<input type="checkbox"/>	
21 to 50 Employees	\$4290.00	<input type="checkbox"/>	
50 + Employees	\$4675.00	<input type="checkbox"/>	
Plus Branch Fees:			
Additional Site 1	\$840.00	<input type="checkbox"/>	
Additional Site 2	\$720.00	<input type="checkbox"/>	
Additional Site 3	\$605.00	<input type="checkbox"/>	
Additional Site 4	\$480.00	<input type="checkbox"/>	
Additional Sites	\$360.00	<input type="checkbox"/>	
Country Members	\$1795.00	<input type="checkbox"/>	
TOTAL ANNUAL SUBSCRIPTION FEE DUE			\$
Plus Joining Fee			\$ 570.00
TOTAL : \$			

Web options for member listing on www.timber.asn.au

Standard member listing

No charge





Payment

1 Year in advance

TMA Bank details as follows:

Bank: National Australia Bank Branch: 990 Toorak Road, Camberwell

BSB No: 083-166 Account No: 492505442

You are requested to fax an EFT remittance form, attentioned to Accounts Dept to fax number 03 9877 6663, prior to your EFT.



Payment Method (Please indicate by ticking a box):

Please find enclosed a cheque for the amount of \$ _____

Please debit my Visa/Mastercard/Bankcard for the amount of \$ _____
(please circle one)

Card Holder Name: _____

Card Number: _____

Exp. Date: _____

Signature: _____

Date: _____

EFT Payment. Funds should be transferred to TMA, BSB 083-166, A/C No. 492505442. Please forward confirmation of remittance with this form.

Signature: _____

Date: _____

Printed Name: _____

Office Use Only:

Office Use Only:		
Method Of Payment: _____	Amount : _____	Date of Payment: _____

Signed Off By: _____ Signature: