AUSTRALIAN TILE COUNCIL

MEMBERSHIP APPLICATION

COMPANY NAME: ……

BUSINESS ADDRESS:……

MAILING ADDRESS: ……

POST CODE: ……..TELEPHONE:……FAX:……

EMAIL ADDRESS:……..

CONTACT PERSON FOR MAILING:……

Please circle one or more below which describes your business.

1. Importer 2. Retailer 3. Tile/Other Manufacturer 4. Tile Fixer

5. Consultant (please specify)……

6. Other (please specify)……

If you have multiple sited, please attach details of all locations of the business.

Other than the initial site (Full Membership), all other sites can join as Associate Members. Associate Members enjoy all of the rights of Full Members except to propose motions and vote at meetings.

The Fixers and other services, such as Tile Sealers and Tile Cleaners may join as Full or Associate Members according to their choice.

Membership of the Australian Tile Council is available in each State of Australia. Companies who do business in more than one State are invited to contact the ATC secretary in the respective Divisions if they wish to become members in more than one Division (State)

The individual Division sets the Annual Membership fee (subscription). The fee is payable for a calendar year. Full Membership in any Division entitles members to be placed on the National mailing list as well as that of their Division.

Annual subscriptions are due and payable 1st January each year. They are payable on a pro-rate basis (for new members) joining after the month of May that year.

ANNUAL FEE: Full Membership $400.00 Associates: $150.00

DECLARATION:

I/We hereby agree to abide by the Australian Tile Council Inc. (ATC) Constitution and Code of Ethics and agree to pay the required annual fee (subscription) to maintain membership.

Name:……Position:……..

Signature:……...Date:……

Please complete this form, enclose cheque for the appropriate membership category made payable to the Australian Tile Council (Vic Div) Inc. and forward to-

The Australian Tile Council (Vic Div) Inc.
9 Phillip Court
GREENSBOROUGH, VIC 3088

(OFFICE USE ONLY)

Proposed by: …… Seconded by: ……
Date: …… Motion Passed:……
Comments: ……
……...