

c/o ACETA  
PO BOX 352  
Northcote  
VIC 3070  
Tel. 03 9481 7706



# M E M B E R S H I P      A P P L I C A T I O N

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

CorporateWebAddress: \_\_\_\_\_

Corporate Phone: \_\_\_\_\_ Corporate Fax: \_\_\_\_\_

Corporate Email Address: \_\_\_\_\_

ABN: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person your nominated Company Association Representative:  Yes  No

If not, please provide the details of your nominated Representative below:

Representative Name: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please briefly indicate the nature of your business:

Please tick all categories that relate to a portion of your business:

Audio     Lighting     Staging     Communications     Control     Vision

Other (please specify): \_\_\_\_\_

Number of employees: \_\_\_\_\_

Date business incorporated: \_\_\_\_\_

## TYPE OF MEMBERSHIP

### General member

General member is a manufacturer or distributor of commercial and/or entertainment technology products.

I declare we have the following number of employees (full time equivalent) and agree to pay the appropriate fee as outlined.

- Up to two full-time employees: \$900 +GST  
 Three full-time employees: \$1200+GST  
 Four full-time employees: \$1500+GST  
 Five or more full-time employees: \$1800 +GST

### Associate member

**\$450 +GST**

- Associate member an incorporated company, trust, partnership or joint venture in Australia which re-sells; services or maintains; rents or hires; provides system design, integration, installation; provides training (including schools, colleges and universities); and which are media and/or trade/industry event owners for the industry. Individuals may not become members of ACETA.

annual (calendar year).

Please choose one of the following payment types (Please ✓ tick):

- Please invoice me  
 A cheque or money order is enclosed  
 Please charge my credit card:     Visa     Mastercard

Card Number: \_\_\_\_\_

Card Name: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVV: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

We understand that as a member of ACETA we agree to abide by its constitution. If we fail to do this our membership will be cancelled and we will no longer be able to use the ACETA logo in any way, including as a mark of probity.

Signature: \_\_\_\_\_

Please print full name: \_\_\_\_\_

Position/Title in Company: \_\_\_\_\_