

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: _____

Corporate Web Address: _____

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: _____

to pay by credit card you will be contacted by the ACETA office to complete credit card details

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: _____