

APPLICATION FOR DUAL MEMBERSHIP (EXISTING SUPPLIER)

ABN: _____

A. Name of legal business Entity/Directory Listing: _____

** The legal business entity will be the recognised member of this Association*

Trading as: _____

Postal address: _____ Postcode: _____

Street address: _____ Postcode: _____

Tel: () _____ Mobile: _____ Fax: () _____

Email 1: _____ Email 2: _____ Website: _____

Contact Name 1: Mr / Mrs / Ms _____

Contact Name 2: Mr / Mrs / Ms _____

Name: _____ Position: _____

Signature: _____ Date: _____

Please provide a full list of all company Directors:

C. Please confirm your company's buying policy. Please tick all that apply.

- Purchase from local suppliers within Australasia for locally stocked products only
- Purchase from local suppliers within Australasia for locally stocked and indent products
- List the percentage of yearly spend purchased from local suppliers within Australasia _____%
- Purchase direct from off-shore suppliers outside Australasia
- Purchase from APPA members only
- Other _____

D. The following Full Supplier Members, having also provided advice in writing (email is acceptable) confirm that the applicant is professionally known to them as a distributor within the industry and recommends the applicant as a dual member.

1. Proposed by: _____ Company: _____

Date: _____

2. Proposed by: _____ Company: _____

Date: _____

E. You will also need to provide a letter from your Accountant, confirming that the distributor division of your business has an annual turnover in excess of \$50,000