



AUSTRALASIAN PROMOTIONAL PRODUCTS ASSOCIATION

NAME OF LEGAL BUSINESS ENTITY:

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

Trading as: .....

Postal address ..... Postcode .....

Street address ..... Postcode .....

Phone ..... Mobile ..... Fax .....

Email 1 ..... Email 2 .....

Website .....

Contact Name 1 .....

Contact Name 2 .....

NEW OWNERS / DIRECTORS

Please provide a list of all business owners / company directors

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.....  
.....  
.....

COMPANY POLICIES

Please confirm your buying/selling policy (Please tick all that apply)

DISTRIBUTOR MEMBERS ONLY: Buying policies

- 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 .....

SUPPLIER/DECORATOR MEMBERS ONLY: Selling policies

- Sell direct to consumers at the same price as promotional product distributors
- Sell direct to consumers at retail prices and offer wholesale pricing for promotional product distributors. If yes, what is the approximate margin between your retail and wholesale pricing? \_\_\_\_%
- Sell products into retail stores
- Sell to promotional product distributors only
- Sell to APPA members only
- Other .....

**UPDATE YOUR STAFF LIST**

**Emails to receive all APPA correspondence**

- 1. Name: \_\_\_\_\_ Email: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Email: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Email: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Email: \_\_\_\_\_
- 5. Name: \_\_\_\_\_ Email: \_\_\_\_\_
- 6. Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Please familiarise yourself with the current [APPA Code of Conduct](#) before signing.**

**At least one owner/director to sign below.**

**SIGNATURE**

I \_\_\_\_\_ (print name)

have read and agree to uphold the APPA Code of Conduct.

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to [ky@appa.com.au](mailto:ky@appa.com.au)

If you need assistance, please don't hesitate to call us 1800 69 2772