



Reg No A0018281N
ABN: 30 464 116 384

GLASS & GLAZING ASSOCIATION VICTORIA

PO BOX 6508 St Kilda Road Central Melbourne Vic 8008

Suite 9, 22-28 Fitzroy Street, St Kilda

PHONE (03) 9536 3118 - FAX (03) 9525 3656

Email: glass@assocmanagement.com.au

ACCREDITATION AGREEMENT 2006 – DEC 2007

TERMS & CONDITIONS FOR MEMBERS

1. This scheme applies only to financial members of the GGAV.
2. Accredited members agree to purchase and use only glass marked by the manufacturer accredited by Australian Standards as meeting the AS 2208 standard.
3. It is a minimum requirement of this scheme that the mark applied to the glass shall include the thickness of the glass (including interlayer), the standards designation and the GGAV issued accreditation number.
4. The mark should be placed in the bottom left hand corner of the glass panel.
5. Accredited members may include their company business name in addition to the minimum marking requirements, if they so choose.
6. Members must employ a person who has successfully completed the AS1288 Competency Exam.
7. Accreditation numbers are valid for a period of twelve months from the date of acceptance by the GGAV.
8. The GGAV reserves the right to inspect members' glass stocks and invoicing records without notice, to ensure compliance.
9. A member expelled from the GGAV for breaching any or all of the above requirements is ineligible for financial recompense.
11. Glass used in furniture and display cases must comply with the relevant standard.

I _____ being a director/manager of _____ (Company), Accreditation number: _____

hereby certify that I have read the above terms and conditions and agree to be bound by them.

Signed _____ Dated _____

Physical Address _____

Suburb: _____ Postcode: _____

Phone: _____ Fax: _____

Email _____

AS1288 Competent Staff: Name _____ # _____

Name _____ # _____

AS1288 Competent Staff still with company: Yes No

FORWARD PAYMENT of \$200.00 inc GST To: GGAV, PO Box 6508 St Kilda Road Central VIC 8008

OR Fax Credit Card Details to 03 9525 3656

My cheque for \$_____ is enclosed or, debit \$_____ to my

Diners Club American Express Master Card Visa B/Card

Card Number: _____

Card Holder's Name: _____ Expiry Date: _____

Signed _____ Dated _____