



ACN No: A0018281N

GLASS & GLAZING ASSOCIATION VICTORIA MEMBERSHIP APPLICATION

CONFIDENTIAL TO MANAGEMENT COMMITTEE

Please complete and return with cheque to GGAV, at
PO Box 6508, St Kilda Central,
Melbourne Vic 8008,
or fax (03) 9525-3656.

Company Name _____	
Address _____	
_____	Postcode _____
Tel: _____	Fax _____
Mobile: _____	E-mail: _____
<u>Most of our info to Members is sent by Email</u>	
Nominee: _____	
Alternate Contact: _____	
Signed: _____	Date: _____

Hereby applies to become a full member / affiliated member (circle appropriate type) of the
GLASS & GLAZING ASSOCIATION VICTORIA
and hereby subscribes to and agrees to be bound by the Constitution and Rules of the
Association and by amendments properly made thereto and any regulations validly made
thereunder, and to pay as provided in the said Rules all subscriptions and all levies which shall be
properly payable by the person(s) listed above.

NATURE OF BUSINESS

Please tick where applicable:

- (a) Glass, Cut to Size; Trade and/or Retail
- (b) Glazing
- (c) Processing of Glass, Mirror Work, etc
- (d) Merchandising of Glass and Allied Lines
- (e) Other

STAFF

State numbers of staff employed:

- (a) Internal sales _____
- (b) Travellers _____
- (c) Glaziers _____
- (d) Cutters _____
- (e) Bevellers _____
- (f) Silverers _____

REFERENCES:

Give three trade references

- 1 _____
- 2 _____
- 3 _____



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GLASS & GLAZING ASSOCIATION VICTORIA

2007 / 2008 ANNUAL SUBSCRIPTION

Subscriptions are calculated on the number of employees in your company as detailed below. The financial year is from 1 April 2007 to 31 March 2008. Payment is pro rata and options are detailed below.

No. of Employees	Subscriptions 2007-2008
0	\$245.00
1-5	\$875.00
6-11	\$1,285.00
12-20	\$1,700.00
21-60	\$2,185.00
60 Plus	\$3,670.00
Affiliate	\$540.00

Membership Fee \$ _____
TOTAL \$ _____

Please forward your cheque for the appropriate amount to the address below.

My cheque for \$_____ is enclosed or, debit \$_____ to my
 Diners Club American Express Master Card Visa BankCard

Card Number: _____

Card Holder's Name: _____ Card Expiry Date: _____

Signed: _____