



# Membership Application Form

MEMBERSHIP CATEGORY:

Ordinary  Associate

1. Applicant Name: .....

2. Australian Company Number (ABN):.....

3. Address of Applicant: .....

.....

4. Nominated Representative Name: .....

**The Applicant hereby confirms it wishes to become a Member of the Australian Resilient Floorcovering Association and supports the purposes of the Association. The Applicant agrees to comply with the Association’s Rules and to pay the applicable annual subscription for 2021-22.**

5. The Applicant must execute this form by a person authorised to execute documents on behalf of the applicant.

SIGNED for and on behalf of:

APPLICANT NAME: .....

by (NAME OF AUTHORISED PERSON): .....

POSITION OF AUTHORISED PERSON .....

SIGNATURE of Authorised Person: .....

**Nominated Representative Contact Details:**

Email: .....

Phone: Office.....Mobile .....

Address (if different from above) .....

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As soon as practicable after an application for membership is received, the Executive Committee will decide by resolution whether to accept or reject the application. The Executive Committee will notify the applicant in writing of its decision as soon as practicable after the decision is made.