

Date

MEMBERSHIP APPLICATION FORM – FULL MEMBER TAX INVOICE

Mr D M King
Executive Officer
Australian Hide Skin and Leather Exporters Association Ltd
PO BOX 963
WARWICK 4370

WE

. (Name of Company,	Firm or Business)

OF (Postal Address)

HEREBY APPLY FOR full membership of the Australian Hide Skin and Leather Exporters Association Ltd and if accepted we agree to abide by the Association's Constitution.

In support of our application we provide the following information in respect of our organisation and its operations.

ABN:			
STREET ADDRESS	;		
PHONE NUMBER		FAX NUMBER	
EMAILADDRESS		Website	
NAMES OF DIREC	TORS/PARTNERS		
Contacts within c	company AHSLEA should supply	ygeneral information to	
Name	Email	Name	Email
Contacts within t	he company AHSLEA should su	pply market access Information t	<u>o</u>
Name	Email	Name	Email
	Phone: +617 4661 9911	Fax: +617 4667 0199	Mobile: +61 418 884 190

Email: dennis.king@ahslea.com.au

Web: www.ahslea.com.au

REFERENCES dealings.	The following organisations may be approached to confirm our reputation for reliability in busines	
BANKERS		
INDUSTRY REFE	RENCE	
ONE OTHER REF	ERENCE	
	R of the Company an undischarged bankrupt or has a bankruptcy order been made against any Yyears prior to the date of this application?	
YES or	NO	
	LICANT IS A FIRM OR INDIVIDUAL is the applicant, or partner of the firm, an undischarged bankrupt otcy order been made against any such person within 5 years prior to date of this application?	
YES or	NO	
SUMMARY of o	r organisation's activities and involvement in the industry.	
	JBSCRIPTION ear Membership subscription is A\$2300p.a. plus GST. d upon approval of application	
SIGNED FOR AP		
NAME AND TITI	Ε	
	sting FULL member)	
	sting FULL member)	
Form must be c	ompleted in full prior to submission	
Office use only Accepted / Reje	ted Date Date advice to Applicant Sent	
Register Update	d Date Date Membership Listing Updated	