

## MEMBERSHIP APPLICATION

RETURN THIS FORM TO THE BOATING INDUSTRY ASSOCIATION OF VICTORIA

EMAIL: MARY@BIAVIC.COM.AU

MAIL: 24 YORK STREET - SOUTH MELBOURNE, VIC 3205

## **MEMBERSHIP APPLICATION PROCEDURE**

## **COMPLETE APPLICATION INCLUSIVE OF:**

1. PROPOSER, SECONDER AND TRADE REFERENCE
2. REVIEW AND ENDORSEMENT BY THE BIAV MEMBERSHIP COMMITTEE
3. TWO WEEK NOTICE PERIOD OF MEMBERS VIA WEBSITE/E-NEWS
4. BOARD SIGN OFF

BUSINESS LISTING		AUTHORISED REPRESENTATIVE	
TRADING NAME		PLEASE NOMINATE A REPRESENTATIVE TO ATTEND MEETINGS	
REGISTERED COMPANY NAME		AND HOLD THE VOTING RIGHT ON THE ORGANISATION'S BEHALF:  NAME	
REGISTERED ABN/ACN NUMBER		- POSITION	
CORE BUSINESS ACTIVITY		- MEMBERSHIP TYPE	
BUSINESS ADDRESS		FULL MEMBERSHIP \$835  Full membership status is granted to any entity or sole trader that is primarily or principally engaged in the marine industry.	
SUBURB		_ □COUNTRY MEMBERSHIP \$595	
STATEPOSTCODE		Country Membership holds the equivalent status to Full  Membership and is granted to any entity or sole trader that is primarily or principally engaged in the marine industry but whose premises is located outside a radius of 80 kilometres from the Melbourne GPO.	
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)			
SUBURB			
STATE	POSTCODE	1 , 11 ,	
PHONE	FAX	the business must be allied to, involved in or associated with the boating industry.	
MOBILE		*Associate members do not hold voting rights at Association	
EMAIL			
WEBSITE		TELL US ABOUT THE BUSINESS	
YEARS IN BUSINESS		_	
YEARS OWNED BUSINESS	(NOT APPLICABLE TO CLUBS/ASSOCIATIONS)		
YEARS OF INVOLVEMENT I	N THE MARINE INDUSTRY?		
HAVE YOU EVER BEEN IN RECEIVERSHIP/UNDER ADMINISTRATION, OR MADE ANY COMPROMISE WITH CREDITORS?		REASON FOR WANTING TO BE A BIAV MEMBER	
PLEASE PROVIDE DETAILS			
		-	

## **MEMBER NOMINATION**

PUBLIC LIABILITY & BUSINESS INSURANCE

SIGNED DECLARATION

THIS APPLICATION **MUST** BE PROPOSED AND SECONDED BY CURRENT FULL FINANCIAL MEMBERS OF THE BIAV.

THIS APPLICATION <b>MUST</b> BE PROPOS FINANCIAL MEMBERS OF THE BIAV.	SED AND SECONDED BY CURRENT FULL	If accepted as a Member of the Boating Industry Association of Victoria, I/We hereby agree to be bound by the Articles of Association and Code of Practice of the	
PROPOSER:		BIAV and by any amendments made thereto, and to pay any annual subscription fees or levies as the Association	
NAME			
COMPANY NAME			
SIGNATURE		does not mean acceptance or any other entitlements of Membership of the BIAV, and until a decision is relayed	
DATE		to me/us in writing. I/We are not entitled to use the Association logo or in any way indicate that I/We are a member of the Association.	
SECONDER:		In submitting this application for Membership I give the Boating Industry Association of Victoria my express permission to make all due and proper enquiries about	
		me/us and any key personnel.	
COMPANY NAME	VAME The following minimums are to be met for new n to meet and current members to retain –		
SIGNATURE		To be a member of the boating/marine industry in a direct or indirect way.	
DATE		<ul> <li>For the directors/owners to not have had a criminal conviction in the past three years.</li> </ul>	
Proposers and Seconders s recommending an applicar Management for possible I	nt to the BIAV Board of BIAV Membership by signing this	<ul> <li>For the directors/owners not to have been declared bankrupt in the past three years.</li> <li>For the directors/owners not to be 'not in good standing' with BIAV or BIA</li> </ul>	
form is confirmation that t to the current BIAV Code o	the proposed applicant conforms of Ethics.	Not be indebted financially, or in any other way, to BIAV	
TRADE REFERENCES		<ul> <li>To have had more than one current BIAV member question their merit for membership, and following</li> </ul>	
TRADE REFERENCE 1		due process by a Board appointed committee, the Board agreeing that they are not suitable for	
COMPANY NAME		membership  • The business and/or its directors/owners having	
CONTACT NAME		<ul> <li>having been remedied since</li> <li>To comply with the BIA/BIAV Code of Ethics</li> <li>To have completed an application process inclusive of a completed application form with a proposer,</li> </ul>	
CONTACT NUMBER			
CONTACT EMAIL			
FRADE REFERENCE 2		seconder and trade reference, membership committee endorsement, a two-week notice period to BIAV members via the website and/or e-news	
COMPANY NAME			
CONTACT NAME		I/We declare that all information contained within this application is true and correct.	
CONTACT NUMBER		—————— Application for membership is subject to the approval and acceptance by the BIAV Board of Management. The Board reserves the right to request further information	
TRADE REFERENCE 3		from all necessary sources in consideration of this application.	
COMPANY NAME			
CONTACT NAME			
CONTACT NUMBER			
PLEASE NOTE: THE TRADE REFERENCES D	OO NOT NEED TO BE BIAV MEMBER	COMPANY	
APPLICATION CHECKLI	ST		
MEMBER NOMINATION PROPOSER/SE		DATE	
3 TRADE REFERENCES	BUSINESS REGISTRATION	DATE	

**DECLARATION**