

Associate Member Application



Name of Business:

ABN:

Name of Representative:

Position held by Representative:

Address:

Postal Address:

Phone:

Email:

Website:

Manufacturer:

 Yes No

Supplier:

 Yes No

What state/s do you supply to:

Billing Contact Name:

Billing Email:

Technical Contact:

Technical Email:

Marketing Contact:

Marketing Email:

I, the undersigned Applicant, hereby apply to become an Associate of Think Brick Australia as defined in the Company's Constitution. If my application is accepted, I agree to be bound by the Company's Constitution, as it may be amended from time to time, insofar as it applies to Associates. I also agree to pay to the Company all fees that are due and payable by Associates, upon request. I acknowledge that I have received and read a copy of the Company's Constitution prior to making this application. I hereby appoint the Representative as my duly authorised representative to deal with the Company and to do all other things on my behalf relating to my rights and obligations as an Associate of Think Brick Australia. This authority shall continue unless and until I give written notice to the Think Brick Australia revoking it or limiting or qualifying it. I hereby consent to act as the Representative of the above-named Applicant for all purposes relating to its status as an Associate of the above-named Company and to all purposes of the Company's Constitution. I also agree to accept service of all notices on behalf of the Applicant.

Signed:

Date Signed:

Office Use Only:

CEO:

Board Chairman:

Signed:

Signed: