

VICTORIAN APPLIANCE INDUSTRY ASSOCIATION INC

APPLICATION for MEMBERSHIP

To be completed by category A applicants (Victorian repair business).
Category D applicants (interstate repair business).

To be completed by category B applicants (Manufactures, Importers, W/sale
of appliances & spare parts)
Category C applicants (appliance retailers).



Strictest confidentiality assured

The aim of the Association is to ensure that all those who are admitted to Membership are of sufficient standing and integrity to strengthen each and every member of the Association.

All private information will be handled in accordance with the National Privacy Principles distributed by the Office of the Federal Privacy Commissioner.

When accepted for membership your business name and contact details will be added to the VAIA website and given to consumers requesting details of businesses providing your service(s). These business details may also be given to the association's service providers. You may request that your details not be given to any other party.

Where there may be insufficient space for your particular circumstances, or where there may be other details which you believe may be of help in your application, and then please attach additional sheets.

No application will be considered if all the declarations are not signed and witnessed.

PLEASE COMPLETE ALL APPLICABLE SECTIONS

1. Applicant's Full Name:

2. Business Name:

ABN: Registered Since:

3. Business Address:

..... Postcode.....

Bus. Fax. Mobile.....

Email Website

4. Mailing address:

..... Post code.....

5. Structure of Business:

(a) Sole Trader Partnership Company Other

(b) Partners or Directors Names

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6. Other Business (include names of Directors, Partners etc. if applicable)

(a) Presently Operated

(b) Previously Operated

7. Number of Employees (including Proprietors, Directors)

8. Applicant's Appliance Industry Qualifications

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9. Details of Applicant's Experience in the Appliance Industry:

Positions held	From	To
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Qualifications of other key staff:

Name	Position	Qualifications/Experience
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10. Licenses held within the business (e.g. Second-Hand Dealer's licence, Electrical Contractor's licence etc)

Type of licence	Issuing Authority	Lic. No.	Valid to
.....
.....

11. Public liability insurance held? YES / NO (current certificate to be attached to application)

12. Date business commenced trading

13. Date present owners acquired business

14. Franchises/Agencies Held.....

15. Detail the activities in which the business is involved (please provide full details including the types of appliances sold and/or serviced).

16. Is the business operated on a full-time basis? YES / NO
If NO, give details

17. Has the applicant, or their business, been directed to attend, or been a party to proceedings before a tribunal (such as a Consumer Affairs Tribunal) or court of law, which was in any way directly or indirectly related to trading in the appliance industry and which proceedings resulted in a finding against the applicant or their business? YES / NO
If YES, please attach separately all relevant details.

18. Has any person, being a proprietor, director or manager of the business in the last two years been declared bankrupt or had estates assigned to the benefit of creditors? YES / NO

19. Has any person, being a proprietor, director or manager of the business been a director of a corporation which, at the time of their directorship, was wound up, placed in receivership or placed under official management of a Scheme of Arrangement? YES/NO

20. **PERSONAL REFERENCES** (please give the names, suburbs, city or town and phone numbers of at least two people not directly related to you whom you authorise the Association to contact).

Name	Suburb, City or Town	Phone Nos.
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21. Are you known to any members of the Association or people in the industry? If so who?
Name Phone No.

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.....

DECLARATION

I have signed the appropriate Declarations which are part of this Application, and am returning this form and my cheque for the one year membership fees.

Signed: Date

TO THE COMMITTEE OF THE VICTORIAN APPLIANCE INDUSTRY ASSOCIATION.

Declaration 1

I submit the details of the accompanying application form as the basis for your consideration of my application for Membership of the VAIA.

I specifically warrant:

- (i) That the details given for your consideration are true, correct and complete.
- (ii) That I agree to follow the various applicable "Codes of Practice" issued by Government Departments or instrumentalities from time to time.

DATE: SIGNED (Applicant)

DATE: SIGNED (Witness)

NAME OF WITNESS
(Please Print)

Declaration 2

Ihaving applied for Membership of the VAIA specifically acknowledge:-

- (i) That the use of the VAIA trade mark is a privilege conferred only upon Members of the Association, and that I must cease the use of such trade marks or emblems which may be on premises or vehicles, in advertising or on stationery immediately upon my ceasing to be a member of the VAIA through resignation, non-renewal or expulsion from the Association.
- (ii) That breaches of the relevant Code of Practice, or my refusal to abide by a Department of Fair Trading or VAIA Dispute Resolution ruling for settling a dispute with a customer, or any court finding of fraud or malpractice in respect of my business will be considered by the committee of the Association and may be dealt with as per the Rules of the Association.
- (iii) That the Association membership, through the elected Committee of Management and the rules of the Association, has the final say on matters regarding membership and disciplining or expulsion of members.

DATE: SIGNED (Applicant)

DATE: SIGNED (Witness)

NAME OF WITNESS
(Please Print)

Declaration 3

Ihereby authorise the

Victoria Office of Fair Trading and Business Affairs and the Small Claims Tribunal in the Department of Justice to provide to the VAIA information regarding any complaints received by them and the settlement terms, or any action taken by them in respect of such complaints, for my present and former trading entities.

PRESENT TRADING NAME(S)

PAST TRADING NAME(S)

DATE: SIGNED (Applicant)

DATE: SIGNED (Witness)

NAME OF WITNESS
(Please Print)

Schedule of Fees

Category B – \$450.00 per year.

Category C – TBA.

Category A & D – \$400.00 per year with up to 5 employees & \$450.00 per year from 5 to 10 employees.