



Australian Video Rental Retailers Association

## Associate Membership Application Form

Name: \_\_\_\_\_

ABN: \_\_\_\_\_ ACN: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

***Annual subscription fee: \$699  
Financial year 1st July to 30 June***

Please find enclosed my cheque for \$699.00, payment for my Associate Membership to AVRRA Ltd.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this completed form to:*

**The Executive Director  
AVRRA Limited  
PO Box 420  
Spit Junction 2088**