



Australian Video Rental Retailers Association Ltd.
www.avrra.com.au

Membership Application Form

Name: _____

ABN: _____ ACN: _____

Trading Name: _____

Store(s) nominated for membership: _____

Address: _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____

(attach list if you are nominating more than one store)

Subscription fee structure:

Financial year 1st July to 30 June

First store \$198.00 (including GST)

Additional stores \$ 94.00 (including GST) per store

All stores nominated must be fully or partly owned by the applicant.

Owners/managers of individually owned franchise stores must make individual applications.

Please find enclosed my payment for \$ _____ being membership subscriptions for the video store(s) nominated above.

Payment Method: Cheque

Credit Card   

Expiry Date:

Cardholder's Name: _____

Cardholder's Signature: _____

Signed: _____ Date: _____

Please return this completed form to:
The Executive Director
AVRRA Limited
PO Box 7074, McMahon's Point, NSW, 2060