

ASSOCIATION OF AUSTRALIA ASSOCIATE & Trade Membership Form

Membership Type	Trade 🗌		Associate
Personal Details			
First Name			
Last Name			
Address		Work Phone	
Email			
Date of Birth			
Business Details			
Company Name (+)			
Trading Name			
Business Address (+)			
Postal Address			
Phone (+)		Work Phone	
Email (+)			
Website URL (+)			
Experience			
How many Years have you work the Indigenous Arts Industry	ked in		
Details of previous arts business have been involved with or Indi Arts positions you have held			
Please describe the nature of yo	our		





Associate & Trade Membership Form

Do you engage directly with Indigenous artists or work through art centres or private dealers?			
Please detail the channels through which you market to clients and potential clients			
Please set out your professional background, including any professional qualifications			
Are you currently, or have you ever been, the suscrutiny or investigation of any business that yo operate?	-	Yes No	
If yes, please provide details			
Have you ever been declared bankrupt or any business in which you have held a management position or been a Director of become insolvent or entered into a scheme of arrangement?		Yes No	
Have you read and do you agree to abide by the AAAA Constitution and Code of Ethics, including the Association's Aboriginal Art Code?		Yes No	
Do you understand copyright law and are you a capable of applying it where it is applicable?	pplying it in your business or	Yes No	
Are you currently registered for and remitting resale royalty?		Yes No	
If no, please explain why not			

Please provide the name and contact details of two referees, one of whom must be a member of the AAAA (1). A written reference from each referee is to be submitted directly by the referee to the Association Secretary. The reference should cover the following:

- 1. Length of time the referee has known the applicant and in what capacity.
- 2. Explanation of the grounds upon which the information pertaining to the applicant's standing and reputation within the Indigenous art community is provided
- 3. The applicant's knowledge of Indigenous art, Indigenous culture and the protocols of dealing in Indigenous art
- 4. The applicant's experience in dealing both with Indigenous artists and in the Indigenous art environment





Associate & Trade Membership Form

Referee 1	
Name	
Phone	
Email	
Referee 2	
Name	
Phone	
Email	
Declaration:	
I, , agree, if accepted as a I Aboriginal Art Association of Aus	Member, to uphold and abide by the Constitution and Code of Ethics of the stralia.
I confirm that the information pro	ovided in this application is true and correct.
I consent to my name and busine	ss information where indicated (+) being published on the AAAA website.
Signed * :	
Dated:	
Completed applications can be:	
Scanned and emailed to secretary	y@aboriginalart.org,au
Posted to: The Secretary, Aborigi	nal Art Association of Australia, P.O. Box 378 Croydon Park NSW 2133
Faxed to: 02 9716 0304	
For enquiries, please contact: The	e Secretary 0484 000 174
(1) Applicants who cannot provid	a Mambar references should contact the Corretory to discuss alternatives

(1) Applicants who cannot provide Member references should contact the Secretary to discuss alternatives.



^{*} by signing this form, if their application is successful, the applicant agrees to their business name, name, website, address and contact details, where applicable, any social media links, being published on the website of the Aboriginal Art Association of Australia (AAAA) (aboriginalart.org.au) as a Trade, Associate or Corporate Member, as applicable. The AAAA will not otherwise publish or distribute other data provided on this form except for the purpose of distribution in order to assess this application.