

## APPLICATION FOR MEMBERSHIP



Exclusive Business Club

### Personal Details

<b>BUSINESS NAME OR ENTITY:</b>
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TITLE <small>(Ms, Mr, Dr)</small>	FIRST GIVEN NAME	SECOND GIVEN NAME	FAMILY NAME / SURNAME

<b>RESIDENTIAL OR POSTAL ADDRESS DETAILS</b> <small>(Property Name, Unit, Flat, Room No, Street Number, Street Name)</small>

CITY / SUBURB	STATE	POSTCODE	COUNTRY

<b>OCCUPATION</b>
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<p>I, the person named above, am a director of the company/partner/sole trader (cross out where not applicable)</p> <ul style="list-style-type: none"> <li>That I will make true answers to all questions by <b>checking or selecting</b> the corresponding <b>YES or NO</b> box beside the questions;</li> <li>That for each question I answer <b>YES</b>, I will provide full and accurate details of the facts or matters specified or associated with the question, attaching additional details on an annexure form.</li> </ul>
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1 Do you have any conviction(s) for <u>any offence(s)</u> involving dishonesty, either in Australia or any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 Are you an undischarged bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 At any time in the last three years have you been an undischarged bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 At any time in the last three years have you applied to take benefit of any law for the relief of bankruptcy to insolvent debtors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 At any time in the last three years have you compounded with creditors or made an assignment of remuneration for their benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 At any time in the last three years were you involved in the management of a corporation when a controller or administrator was appointed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7 At any time in the last three years were you involved in the management of a corporation when the corporation became the subject of a winding up order?  Yes  No

**SIGNATURE**

Signature of person applying for membership

**Full Name and title**

**Your industry or service speciality:**

*(eg) Grazier or Steel retailer*

**Goods and services sought or available :**

*(eg) Livestock supply or Looking to purchase fabricated steel yard fencing*

**Contact Details**

Phone/Fax

Mobile

Email

Web address

Note: Invoice will be sent to your nominated email or fax