



Balloon Artists and Suppliers Association of South Australia Ltd

Email: basasouthaust@gmail.com

Membership Application 2018/2019 Financial Year

This membership application is:	New	Renewal	
Type of membership:	Full	Associate	Employee
Type of business:	Company	Partnership	Sole Trader
Public Liability Policy:	Company:	Period:	Amount:

Please tick below the information you wish to be listed on the BASA-SA website:

Name of Applicant:			
Business Name:			
ABN Number:			
Business Address			
	State:	Postcode:	
Postal Address			
	State:	Postcode:	
Business Phone:		Mobile Phone:	
Fax:		After Hours:	
Email Address:			
Website Address:			

Number of Years in Business:		Number of Employees:	
Type of Business:	Wholesale	Retail	Home Based
Services Offered:	Décor Deliveries	Bouquet Delivery	Flowers Offered
	Balloon Printer	Balloon Twister	
	Other (Please specify)		

Have you completed your accreditation?	Yes	No
Would you like your business details displayed on the BASA-SA website (once accredited)	Yes	No

Membership is for a nominated person of the business with one voting right. This person represents the business concerned and all members of the said business are entitled to discounts for training days and conventions accordingly.

Declaration

I, _____ (full name of applicant)

of _____ (full name of business)

apply to become a member of the Balloon Artists & Suppliers Association of South Australia Ltd.

In the event of my admission as a member I agree to pay the annual membership fee for 2018/2019 of \$150.00

I also agree to be bound by the rules of the Association, code of conduct, environmental policy and other policies of the Association. I understand that failure to do so can see my membership revoked. I commit to undertaking a 12 month assessment, which includes completing the BASA-SA accreditation process.

Signature: _____ Date: _____

Nominator

I, _____ (full name), a full member of the Association, hereby nominate the applicant, who is personally known to me, for membership of the Association.

Signature: _____ Date: _____

Name: _____ Phone Number: _____

Secunder

I, _____ (full name), a full member of the Association, hereby nominate the applicant, who is personally known to me, for membership of the Association.

Signature: _____ Date: _____

Name: _____ Phone Number: _____

Please complete this form and forward it, together with a copy of your Certificate of Currency, to:
Lorry Perin, 272 Hancock Road, Redwood Park SA 5097, Ph: 8251 3087, Email: budgetballoons@bigond.com

Payment

An invoice will be issued on acceptance of your membership. Payment of \$150 for the 2018/2019 year has been approved can be made by cheque or direct deposit as follows:

Direct Deposit: Account Name: Balloon Artists & Suppliers Association of SA, Bank SA, Gouger Street Branch, BSB No: 105-029, Account Number: 068629240

Cheque: Please make cheque payable to Balloon Artists & Suppliers Association of SA and post to above address.