

MEMBERSHIP APPLICATION – AFFILIATE (ORGANISATION) MEMBER

* In accordance with Section 11, SAA constitution

1. ORGANISATION NAME

Legal Name of the Applicant _____

Known As/Corporate Group Name (if applicable) _____

2. ORGANISATION'S ADDRESS

Street Address _____

_____ State _____ Postcode _____

Telephone No () _____ Facsimile No () _____

Postal Address _____

_____ State _____ Postcode _____

DX Number (if applicable) _____

URL _____

3. POINT OF CONTACT

Name _____

Position Title _____

Street Address _____

_____ State _____ Postcode _____

Postal Address _____

_____ State _____ Postcode _____

Direct Telephone () _____ Direct Facsimile () _____

Email _____

4. ANNUAL AND JOINING FEES

Please note the annual & joining fees for the membership year **October – September** have been confirmed by the Board of the SAA is:

Membership Category	Annual Fee <i>(incl. GST)</i>	Joining Fee <i>(incl. GST)</i>	Total
Affiliate (organisation)	\$6,050	\$3,025	\$9,075

5. TERMS AND EXECUTION

- The applicant hereby undertakes and agrees to provide the Board with any industry-based business and statistical information requested from the applicant by the Board
- The applicant agrees to read and be bound by the terms and conditions of the SAA Constitution and Rules *(as amended from time to time)*
- The applicant confirms that it does not comply with the conditions for SAA Principal member
- The applicant agrees to nominate the email address (overleaf) for SAA notices pursuant to Corporations Act section 314 'Annual Financial reporting to members' and section 249J 'Notice of meetings of members, to members and directors'

Signed for, and on behalf of the applicant by its duly authorised officer/s:

Signed _____ Signed _____
 Name _____ Name _____
 Position Title _____ Position Title _____
 Date _____ Date _____

6. YOUR BUSINESS

In Australia, is your organisation a: *(tick one box)*

- Partnership Principal(s) _____
- Public Company Major shareholder(s) _____
- Private Company Major shareholder(s) _____
- Other Details _____

Please summarise the nature of your business:

7. PAYMENT DETAILS

Cheque enclosed for \$ _____ (payable to SAA) Please forward an invoice to my employer

Please charge the following credit card: Amex Visa Mastercard Diners

Name on card: _____ Signature of cardholder:

Card No _____ Expiry _____ Amex ID Code _____

**merchant fees now apply to credit card payments. Amex 3.1%, Visa 1.5%, Mastercard 1.5% and Diners 4%.*

All enquiries & applications should be directed to:

Stockbrokers Association of Australia (ACN 089 767 706)
PO Box R1461, Royal Exchange NSW 1225
Telephone: (02) 8080 3200
Facsimile: (02) 8080 3299
Email: membership@stockbrokers.org.au
Website: www.stockbrokers.org.au