

MARTIAL ARTS INDUSTRY ASSOCIATION

THE PEAK INDUSTRY BODY FOR MARTIAL ARTS IN AUSTRALIA

CATEGORY 4 - GENERAL MEMBERSHIP APPLICATION

CATEGORY FOUR (ASSOCIATE) MEMBERSHIP IS OPEN TO ANY MARTIAL ARTS RETAIL OR WHOLESALE SUPPLIER THAT:

- i) is a proprietary limited company;
- ii) holds a State based business name registration;
- iii) is a registered Trust;
- iv) is a registered partnership;

PLEASE PRINT CLEARLY

1.	NAME OF MARTIAL ARTS SUUPLIER:			
2.		RESS:		
3.		Work:	Home:	
		Email:		
4.	DATE YOUR BUSINESS WAS FIRST REGISTERED (DD/MM/YYYY):			
5.	5. PLEASE LIST THE CONTACT DETAILS FOR THE PRINCIPAL OF YOUR BUSINESS NAME:			
	POSTAL ADDRESS:			
				postcode:
	TELEPHONE:	Work:	Home:	
		Fax:	Mobile:	
		Email:		
6.	HAS THE APPLICANT OR ANY OF ITS PRINCIPAL MEMBERS EVER BEEN REFUSED			

MEMBERSHIP OR EXPELLED FROM ANY OTHER MARTIAL ARTS ORGANISATION?

YES

NO

(If 'YES' please attach details)

The applicant agrees that the applicant business and all of its employees (whether paid or unpaid) will be bound by the Martial Arts Industry Association's 'Code of Practice for Martial Arts Retailers'. The applicant agrees and understands that violating this code may result in the rescinding of your organisation's membership.

The applicant club/academy agrees to be bound by the Constitution of the Martial Arts Industry Association.

THE FOLLOWING ADDITIONAL ATTACHMENTS MUST BE INCLUDED WITH YOUR APPLICATION:

Details of any insurance by which your organisation is covered. A copy of your current Business Name Registration/Association/Incorporation certificate.

Proposed by (Name): MAIA Membership No:	
SIGNATURE:	
Seconded by (Name): MAIA Membership No:	

The completed form and attachments should be sent with a \$100 membership application fee (fee is fully refundable should membership application be unsuccessful) to:

National Administrator, MAIA, PO Box 134 Kenthurst NSW 2156

Please note memberships are payable for a four year term, upon acceptance of your application an additional \$300 will be payable before your membership is ratified for four years

Signature of Applicant:

Date of Application: