



GHA WHERE YOU BELONG

Gift & Homewares Australia Full Member Application Form



THANK YOU very much for considering GHA membership. We are committed to delivering services to our Members that are both essential and valuable. To ensure we continue to offer the best possible experience to our Members, it is absolutely critical that you tell us as much as you can about you and your business. Therefore, please be sure to provide answers to every question asked in this application before submitting the form. One of our Member Solutions Team will be in touch with you regarding any unanswered questions before your application can be processed.

We look forward to welcoming you to GHA very soon, and should you have any questions about this application form, please feel free to contact us at membersolutions@agha.com.au or 02 9763 3222.

BUSINESS DETAILS

Full name of Business _____

ABN _____ BRN _____

Postal address _____

Street address _____

Phone number _____ Fax _____

Email addresses _____

Website _____

Year Business began operation _____

BUSINESS OFFICER'S/OWNER'S DETAILS

Position _____ Title _____

Name _____ Phone _____

Personal address _____

Position _____ Title _____

Name _____ Phone _____

Personal address _____

Position _____ Title _____

Name _____ Phone _____

Personal address _____

BUSINESS' CONTACT DETAILS

Main contact name _____ Position _____

Phone number _____ Fax _____

Email _____

Trade fairs contact name _____

Phone number _____ Fax _____

Email _____

Accounts contact name _____

Phone number _____ Fax _____

Email _____

VOTING REPRESENTATIVE DETAILS

A Member Business may appoint one representative who has voting rights.

Voting representative's name _____

Phone, fax or email _____

PAYMENT DETAILS (\$517 including a one-off joining fee of \$165 and GST)

Cheque

Direct debit (please send remittance advice, including your name and your Business to accounts@agha.com.au)

EFT

Bank: Commonwealth Bank of Australia
Account Name: Gift & Homewares Australia (GHA)
BSB: 062 216 Account No: 1007 2350

Credit card

If paying by credit card, please complete the following:

Visa MasterCard American Express

Name on card _____

Credit card number _____ Expiry date _____

Signature _____

MEMBERSHIP APPLICATION SIGNATURES

The application needs to be signed and completed by all Directors/Owners. By signing the application form, you also agree to be bound by GHA's Constitution and Code of Ethics.

Director's personal guarantee

I/We guarantee payment of any and all accounts for goods and/or services available by virtue of membership of GHA, purchased by the above business/company. I/We understand this guarantee binds me/us personally.

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

MEMBERSHIP

How did you hear about GHA?

- Media
- Referral
- Friend
- Trade fair
- Internet
- Magazine
- Member (please specify)

Other (please specify)

What are your reason/s for joining GHA?

- Trade fair
- Networking
- Giftrap
- Merchant services
- Insurance
- Freight
- Directory
- Other (please specify)

What other benefits would you like to see GHA offering in the future?

PRIVACY CONSENT

1. On my own behalf and, if the Applicant is a partnership, corporation or trust ("my Business") on behalf of my Business, I hereby confirm and/ or acknowledge that:
- (a) I have the authority of the Applicant to make this application and give this consent.
 - (b) The information provided by me on this Membership Application Form is being collected by GHA for the purpose of processing the application and the other purposes stated in this Privacy Consent.
 - (c) There is no obligation upon me or my Business to provide the information requested in this form. However, if the information requested is not provided, GHA may not be able to process this application for membership and the application may be rejected at GHA's absolute discretion.
 - (d) GHA may use the information provided on this form for the purpose of obtaining a credit check in relation to me or my Business.
 - (e) GHA will use the information provided on this form to keep me or my Business informed about industry issues, products, services, offers and upcoming events and for other purposes aimed at improving GHA's services to its Members.
 - (f) If my Business or I do not want to receive such information, my Business or I need to send GHA a letter, fax or email specifically requesting that such information not to be sent to us.
 - (g) GHA will also provide information about me and my Business to GHA's recommended suppliers so that they can verify the membership status of my Business from time to time for any purpose (including the calculation of commissions payable to GHA by their recommended suppliers) and contact me or my Business regarding Member benefits and other special deals that may be available.
 - (h) GHA may also disclose information about me or my Business in response to queries received by GHA from time to time from suppliers of various products.
 - (i) GHA may include information about my Business or me on its website, including material such as my Business' corporate or trading name and address, email address, URL, product categories and relevant contacts.
 - (j) I have the right on behalf of my Business and myself to request that GHA not disclose any information about me or my Business to third parties and any such request needs to be forwarded by me to GHA by letter, fax or email. GHA will not provide any such information to third parties about me or my Business from the date of receiving the request.
 - (k) I have the right to access all information that GHA holds about me or my Business. Any request for access must be directed to GHA by mail, fax or email.
 - (l) Any mail, fax or email to GHA about any of the foregoing matters must be forwarded to:
Member Solutions
Gift & Homewares Australia
Locked Bag 103, SILVERWATER NSW 1811
Ph: (02) 9763 3222 Fax: (02) 9746 9955
Email: membersolutions@agha.com.au

2. Other than as may be stipulated by me or my Business to GHA by mail, fax or email (as above), I hereby consent on my own behalf, and on behalf of my Business, to GHA collecting, using, disclosing, storing or otherwise dealing with the information provided in this form, or which the Applicant may subsequently provide to GHA, for such purposes as GHA considers appropriate.

3. On my own behalf and on behalf of my Business, I hereby indemnify and agree to keep indemnified GHA against all actions, demands, liabilities, proceedings, judgments or orders, claims, costs and expenses which I (and/or my Business) may suffer, incur or sustain in connection with or arising in any way whatsoever as a consequence of:

- The collection, use, disclosure or storage of such information; and
- Any such information not being accurate, complete and up to date; and
- Any inadvertent misuse and loss of such information; and
- Any unauthorised access to, modification or disclosure of any such information; and
- A failure to provide the Applicant or anyone on its behalf with access to such information and the opportunity to correct any errors provided that such access and opportunity is subsequently provided; and
- The identification of any natural person in such information; and
- Any interference with privacy within the meaning of the Privacy Act (C'wth) or any breach of that Act or the National Privacy Principles set out in Schedule 3 of that Act, arising as a consequence of any of the aforementioned matters.

Name _____

Signature _____

If on behalf of a Business, insert capacity e.g. Director, Trustee, Principal

_____ Date _____