



Incorporated # A0043750A

Vending excellence through support and education

# Application for Membership 2010/2011

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Which of the following vending activities are you engaged in:

- Operator of vending machines Snack Vending
- Manufacturer / distributor of products or services for use by the vending industry Drink Vending
- Manufacturer / distributor of Vending machines and /or Component parts or accessories Cigarettes
- \_\_\_\_\_ Other (please specify)

Provision of services to the Vending Industry.  
i.e. – Insurance, Machine repairs, etc. (Description) \_\_\_\_\_

I / we hereby apply for membership of the NVA, and undertake that I / we will if elected, abide by the constitution of the Association, and any Code of Conduct and Resolutions that may be approved by the membership in General Meeting.

Subscription fee for year	O	Operator	\$300.00 (GST incl.)
July 2010 to June 2011	N	National Member	\$500.00 (GST incl.)
	L	Local Supplier	\$400.00 (GST incl.)
	C	Country Membership	\$100.00 (GST incl.)

Applicants Signature \_\_\_\_\_ Date of application \_\_\_\_\_

Proposed By \_\_\_\_\_

Office use only  
Date application received \_\_\_\_\_ Date membership approved \_\_\_\_\_

Type of membership \_\_\_\_\_ Membership Fee \_\_\_\_\_

Please return completed application form with fee to:  
**Treasurer NVA PO Box 98, Edina Road, Ferntree Gully 3156 Manager: Phone 1300 138 365**  
If paying directly into the account please advise when you email/send your application  
**Bank Details:** Account Name: National Vending Association BSB 063 239 Account Number: 10412860

Email – [manager@NationalVendingAssociation.com.au](mailto:manager@NationalVendingAssociation.com.au) Website: [www.nationalvendingassociation.com.au](http://www.nationalvendingassociation.com.au)