



CHRISTIAN BOOKSELLING ASSOCIATION OF AUSTRALIA
SUITE 2, 7-9 PRESIDENT AVENUE, CARINGBAH NSW
PO BOX 576, CARINGBAH NSW 1495
TELEPHONE: (02) 9524 3347, FAX (02) 9540 3001
EMAIL: info@cbaa.com.au

APPLICATION FOR PERSONAL MEMBERSHIP

I, _____
 hereby apply for membership in the Christian Bookselling Association of Australia Inc, and
 acknowledge that I have seen a copy of the Constitution and Code of Ethics as they exist as
 at this date, and hereby accept and subscribe to the Code of Ethics and agree to abide by
 the Constitution and its amendments as may be made from time to time.

Signed: _____ Date: _____

Street Address: _____

Postal Address: _____

Telephone: (STD _____) Number(s) _____

Fax: (STD _____) Number _____

Email: _____ ABN: _____

Having read the constitution of the CBAA my reasons for applying to be a member are:

Name of two referees who would attest to the genuineness of your desire to join the Association:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Please note: membership of CBAA does not automatically grant an individual buying rights from wholesalers at an Association trade fair.



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APPLICATION FOR BUSINESS MEMBERSHIP
RETAIL

I, _____
(name of nominating representative) hereby apply for membership in the Christian Bookselling Association of Australia Inc, and acknowledge that I have seen a copy of the Constitution and Code of Ethics as they exist as at this date, and declare that

(name of organisation, business, etc) is eligible for membership and hereby accept and subscribe to the Code of Ethics and agree to abide by the Constitution and its amendments as may be made from time to time.

Signed: _____ Date: _____

For and on behalf of

Name of Applicant (organisation, business, etc) _____

Street Address: _____

Postal Address: _____

Telephone: (STD _____) Number(s) _____

Fax: (STD _____) Number _____

Email: _____ ABN: _____

Registered Business Office: _____

Name of contact person for the purpose of association activities: _____

Position: _____

Description of Applicant: _____

(e.g. sole proprietor, partnership, proprietary company, corporations, etc)

Please note: Membership of CBAA does not confer the right to trade discounts from wholesalers or other suppliers. This right is solely at the discretion of each business.

Date of commencement of business _____

Description of business: (please tick applicable classifications)

Full-time retail store

_____ in main business district or shopping centre

_____ outside business district or shopping centre

Showroom or store (*)

_____ in a church building (*)

_____ in a home (*)

_____ Religious book or supply department within a larger business (#)

_____ Mail order business only

_____ College bookroom primarily for student use

_____ Bookstall in a church primarily servicing church members

_____ Other (please describe) _____

(*) If this is your classification please indicate

Is it a self-contained room with building? YES NO

Does it have direct street access? YES NO

Is it clearly definable as a bookshop either visible from the street or signposted? YES NO

Does the store actively promote beyond the usual church membership? YES NO

(#) If this is your classification please indicate

Percentage of business relating to religious material _____ %

Nature of other business _____

Hours of trading

Monday From _____ To _____

Tuesday From _____ To _____

Wednesday From _____ To _____

Thursday From _____ To _____

Friday From _____ To _____

Saturday From _____ To _____

Sunday From _____ To _____

Staffing (Number of staff attending the Christian books and products)

Full-time Paid _____ Voluntary _____

Part-time Paid _____ Voluntary _____

For established businesses:

Date of commencement of business _____

Annual turnover (please tick appropriate classification)

_____	Under \$40,000	_____	\$40,000 to \$59,999
_____	\$60,000 to \$89,999	_____	\$90,000 to \$134,999
_____	\$135,000 to \$199,999	_____	\$200,00 to \$299,999
_____	\$300,000 to \$499,999	_____	Over \$450,000

Value of stock at cost: \$ _____

For newly established businesses without one year's trading experience:

Anticipated budget or turnover for the first year \$ _____

Stock at cost, or capital set aside for stock \$ _____

Name of two established business references

Business _____ Phone () _____

Business _____ Phone () _____

Details of any other trade associations to which you belong _____

Is your store or premises registered with the appropriate State authorities? YES NO

	CHEQUE ENCLOSED	
1.	Application Fee	
2.	Subscription based on annual turnover figure of \$	
3.	Product List Subscription (please tick format required) <input type="checkbox"/> CD-ROM	
4.	Total of Cheque Enclosed	\$



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APPLICATION FOR BUSINESS MEMBERSHIP
PUBLISHER, WHOLESALER, DISTRIBUTOR, OTHER

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Signed: _____ Date: _____

For and on behalf of

Name of Applicant (organisation, business, etc) _____

Street Address: _____

Postal Address: _____

Telephone: (STD _____) Number(s) _____

Fax: (STD _____) Number _____

Email: _____ ABN: _____

Registered Business Office: _____

Name of contact person for the purpose of association activities: _____

Position: _____

Description of Applicant: _____

(e.g. sole proprietor, partnership, proprietary company, corporations, etc)

Please note: Membership of CBAA does not automatically confer preferential buying rights from any other member of the Association.

