



## Membership Application NEW

Type of Business: Company / Partnership / Sole trader Name

Representative: \_\_\_\_\_

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

ABN #: \_\_\_\_\_

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

\_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web site: \_\_\_\_\_

Details about your business Number of years in business: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Types of Business:  Wholesale  Retail  Home Based Services Offered:  Décor Deliveries   
Flowers Available  Bouquet Delivery  Balloon Decorator  Balloon twister

Other (Please Specify) \_\_\_\_\_

Have you completed your accreditation?  YES  NO

Would you like your business details displayed on the BASA A website  YES  NO

### Membership Fee's

1st July- 30th June Full Membership \$ 200

Associate membership Joining Fee \$ 100.00 (Vic, SA, NT, outside Australia)

1st Jan – 30<sup>th</sup> June Pro-Rata Membership \$100 (renews on 1<sup>st</sup> July each year thereafter for full membership fees)

### PAYMENT OPTIONS

An invoice will be issued after the membership application & acceptance

Payment for membership can be made by direct deposit

Pay Pal on the payments page on the BASA A Web Site

Make Payment to [treasurer@balloonartists.com.au](mailto:treasurer@balloonartists.com.au)

Please leave a note with your name & business name and contact number



**Membership is a person representing the Business**

Membership is for a nominated person of the business with one voting right in their BASA A affiliated state. This person represents the business concerned and all members of the said business are entitled to discounts for training days and conventions accordingly.

**Declaration** I ..... (full name of applicant)  
Of (business name) .....

With the renewal of my membership of the Balloon Artists & Suppliers Association of Australasia Ltd, I agree to be bound by the rules of the Association, Code of conduct and understand that failure to do so can see my membership revoked.

Signature ..... Date...../...../.....

Insurance Details (Compulsory for Membership) Public liability Policy

**Please complete this form together with a copy of your Certificate of Currency Insurance for acceptance** and forward it to:

- NSW – Ray Connett, email: ray@balloonboutique.com.au Ph. 0415 689 657
- QLD – Belinda Callaghan, email: info@bbspartysupplies.com Ph. 0414 459 367
- WA – Fiona Neil, email: Fiona@thebushfairy.com.au Ph. 08 98422996

If you have any payment queries,

Please contact the BASA Australasia National Treasurer,  
Gunter Blum 07 3876 0200,  
email: [balloons@balloonsgalore.net.au](mailto:balloons@balloonsgalore.net.au)

National President

Di Van Helden M: 0404489452

E: [di@icandyballoons.com.au](mailto:di@icandyballoons.com.au)