



## Application for Associate Membership

**REGISTERED BUSINESS NAME:**.....**ABN:**.....

Mailing Address: (where you would like your mail directed) .....

Phone:..... Fax:..... Mobile:.....

Email:..... Website:.....

Main Contact name – (The main person who is to receive all correspondence)

Name: .....Position/Title: .....

**TRADING NAME:** .....

Total Sites:.....(Please attach a list with any additional sites)

Site Address 1: .....

Phone: ..... Fax: ..... Mobile: ..... Email:.....

Contact Name: .....

### BUSINESS INFORMATION

(Please tick the type from which you receive the majority of your sales.)

Type:            Wholesale        Retail-Takeaway        Bakery/Café

Total Number of Employees:        1-15    16 and over

Do you employ apprentices/trainees?    No        Yes    How many currently?.....

### MEMBERSHIP FEES

ASSOCIATE                      \$495.00 GST Incl

Please return together with your payment to:

Executive Officer  
Bakers Industry Employers Association  
PO Box 8463, PERTH BUSINESS CENTRE WA 6849