

5 Campbell Avenue, Cove, NSW, 2066 Tel: - +61 2 9428 2180 E-mail: textiledistributors@bigpond.com

APPLICATION FOR MEMBERSHIP

Date:- .. / .. /

I, Mr/Mrs,	the (title/position)	of
(name of company)			wish to apply
as Apparel/Furnishing Member to the Te	xtile D	istributors Ass	ociation.

Registered Trading Name:-ABN:-

Contact Person:-
Phone:-
E-mail:-
Web site:-

Our Company is located at:-
Street: -
Suburb: -
State: -
Postcode:-

We have been in business since and we employ people.

We are a wholesaler/distributor and/or importer of textiles.

Seconded by the following current member of the Textile Distributors Association

Name:-Signature:-Company:-

If we are accepted by the executive to be a member of your association we will abide to the rules and the constitution of the association.

Yours faithfully,