

APPLICATION FORM FOR ARCA MEMBERSHIP

APPLICANT INFORMATION		
Business Name:		
Website URL:		
ABN:		
Organisation Type	<input type="checkbox"/> Financial Service Credit Provider	<input type="checkbox"/> Credit Reporting Body
	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Utility
	<input type="checkbox"/> Debt Buyer	<input type="checkbox"/> Other
SIZE OF ORGANISATION		
Estimated size of loan book (CPs and Debt Buyers Only) in Dollars		
Market Share by Customer Accounts (Telecommunications & Energy Providers only)		
BRIEF DESCRIPTION OF BUSINESS ACTIVITIES		
HEAD OFFICE POSTAL ADDRESS		
Address Line 1:		
Address Line 2:		
City:	State:	Post Code:
HEAD OFFICE STREET ADDRESS		
<input type="checkbox"/> As above		
Address Line 1:		
Address Line 2:		
City:	State:	Post Code:
PRIMARY CONTACT		
Primary Contact Name:		
Position Title:		
Contact Number:		
Email Address:		
Relevant Notes or Instructions:		
INDUCTION PROCESS		
<p>Upon approval of your application by the ARCA Board, a representative from ARCA will call you to discuss opportunities to be involved with ARCA and to get a list of the names of employees you would like added onto our database for news updates and invitations to work group meetings and networking events.</p>		

Declaration

_____ (the **Applicant**), hereby applies for the Applicant to become a Member of ARCA.

The Applicant acknowledges this application for Membership is subject to approval by the ARCA Board.

The Applicant has been provided with a copy of and has read the current ARCA Constitution (as amended from time to time) (the **Constitution**).

On acceptance by ARCA of the Applicant's application to be a Member, the Applicant agrees that the Applicant will be bound by the Constitution and any Code of Conduct.

To the extent that this application and the ongoing ARCA Membership by the Applicant require ARCA to collect, use and disclose personal information from any directors, employees or contractors that are engaged with, employed by or otherwise affiliated with the Applicant, the Applicant acknowledges that ARCA has a Privacy Statement available at <http://www.arca.asn.au/pages/privacy.html>. The Applicant agrees to make this Privacy Statement available to, or instruct ARCA to make this Privacy Statement available to, any of the Applicant's directors, employees or contractors who provide, or are likely to provide, their personal information to ARCA.

The Applicant understands that if Membership of ARCA is approved by the ARCA Board, the Applicant will be invoiced for the Membership contribution amount relevant to its Class and Tier as determined by the ARCA Board. The Applicant acknowledges that the ARCA Board will be responsible for approving the annual ARCA budget and that Members' Membership contribution may vary on an annual basis.

The Applicant further understands that a failure to make payment of the Membership fee in accordance with this invoice will constitute a breach of the Constitution and may result in a notice of default and cessation of membership benefits and/or cancellation of Membership.

Signed (Director 1):	Signed (Director 2):
Name:	Name:
Position Title:	Position Title:
Date:	Date: