



**Auctioneers and Valuers Association of Australia Inc.**

ABN 21 000 109 544

**Mailing Address: PO Box 576, Crows Nest NSW 1585**

Phone: 1300 300 485

Email: aucval@avaa.com.au Web: www.avaa.com.au

**MEMBERSHIP APPLICATION**

(to be completed in **BLOCK LETTERS** please)

I / We hereby make application for membership in the following category/categories:

- Corporate** Member (application must be completed by Nominee.)
- Certified Practising **Auctioneer** Member
- Certified Practising **Valuer** Member
- Associate** Member

Please refer to website for details of membership classifications. A Nominee applying for Corporate Membership may also apply for Auctioneer and/or Valuer Membership on this form.

**APPLICANT DETAILS** (Nominee details required for Corporate member application)

**Title:** Mr  Mrs  Ms  Other  .....

**Surname:** .....

**Given Name/s** (in full): .....

**Date of Birth:** ..... / ..... / ..... **Gender:** M / F

**Personal Address:** .....  
.....

**Suburb:** ..... **State** ..... **Postcode** .....

**Phone:** ..... **Mobile:** .....

**Email:** .....

**Are you applying as:** Individual  Corporate Nominee  (Tick both if applicable)

## CONTACT DETAILS

**Employer /Business/Corporation Name :**

.....

Date of Incorporation or Registration: ..... / ..... / ..... ABN: .....

Business Address: .....

.....

Suburb: ..... State ..... Postcode .....

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

Email: .....

## EDUCATION & EMPLOYMENT

**Education / Training Qualifications:**

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**Employment:** (insert details below or attach resume)

Organisation	Dates From/To	Position/Work Performed

**Specialties/Areas of Expertise:** (provide details of experience)

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**Are you a member of any other Professional Association or Body?** Yes  No

Please provide details: .....  
.....  
.....

**Have you ever:**

- had a License or Membership suspended or cancelled? Yes  No
- been declared Bankrupt Yes  No
- been a Director of a Company which has been declared Bankrupt? Yes  No

Please provide details: .....  
.....  
.....

**Why are you seeking Membership of the AVAA?**

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.....  
.....

**Are you covered by Professional Indemnity Insurance?** Yes  No

Is this held by: You personally  Employer/Corporation  Other

Name of Policy Holder: .....

Name of Insurer: .....

Policy Number: ..... Renewal Date: .....

**VALUER MEMBER APPLICANTS**

How many years have you been conducting valuations? .....

**Please attach copies of two recent valuations.** Please note:

- Valuations must meet “AVAA Minimum Valuation Criteria” (details available on website)
- “Desktop” (sight unseen) valuations are not acceptable

**AUCTIONEER/CORPORATE MEMBER APPLICANTS**

Do you conduct auctions? Yes  No

How many years have you been conducting auctions? .....

Do you, or does the entity for which you conduct auctions, maintain a separate "Client Trust Account"? Yes  No

Details of "Client Trust Account": .....

Is this "Client Trust Account" subject to audit? Yes  No

If YES, name of Auditor: .....

**ASSOCIATE MEMBER APPLICANTS**

Are you working within the Auctioneer/Valuation Industry Yes  No

If yes, are you working towards: Auctioneer Membership  Valuer Membership

If no, please provide relevant details to support your application:

.....  
.....

**DECLARATION**

**Auctioneer/Valuer/Associate Member Applicants**

I, ....., undertake to conform with the provisions of the Memorandum and Articles of Association of the AVAA and to contribute my interests and efforts to the advancement of the auction and valuation professions.

..... (Signature) ..... (Date)

**Corporate Member Applicants**

I, ....., as Nominee for the aforementioned Corporation, undertake to ensure that the Corporation and its employees conform with the provisions of the Memorandum and Articles of Association of the AVAA and to contribute my/our interests and efforts to the advancement of the auction and valuation professions.

..... (Signature) ..... (Date)