

# Business Partner Network membership application



## CONTACT DETAILS

First name	Surname	Date of Birth	
Position in Business			
Company Name	Trading Name		
Street Address			
Suburb	State	Postcode	
Preferred Mailing			
Suburb	State	Postcode	
Phone	Mobile		
Fax	Website		
Email			

## GENERAL BUSINESS INFORMATION

Type of Business (please select the most applicable)  Company  Trust  Partnership  Sole Trader

Reason for Joining

## BACKGROUND

HIA member number

Within the last 5 years have you or any company you have been a director of been insolvent; bankrupt; under administration; committed a criminal offence or been disqualified by a State licensing or Home Warranty body?  Yes  No

## PRIVACY

From time to time and as part of your membership service, HIA may use your information to:

- Promote your business through various media such as websites, member directories and the like;
- Offer you products and services relevant to your business from both HIA and other commercial providers;
- Send you a commercial electronic message.

If you do not wish to avail yourself of these membership services please contact HIA on 1300 650 620. Otherwise, and except for confirming that you are an HIA member, HIA would not usually disclose this information to any person without your consent.

## SIGNATURE AND AUTHORISATIONS

The signature below represents and warrants:

- a) That the party signing is an authorised representative of the business
- b) That the information provided is true and correct
- c) That if accepted as a member of HIA, to abide by HIA's Code of Ethics, Constitution and By-Laws

Signature (s)

Membership is not confirmed until this application is approved under HIA's Constitution and may be withdrawn pursuant to the same

OFFICE USE ONLY:

Member ID	Type	Category	Tier
Salesperson		Area	

Post to your local office or to HIA – 79 Constitution Avenue Campbell ACT 2612  
T: 1300 650 620 E: [bpn@hia.com.au](mailto:bpn@hia.com.au) or visit [hia.com.au](http://hia.com.au)