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| **DJ Alliance Australasia Inc. Accredited Membership Application Form (AU)** |
| **Category of Membership:**  |  **Mobile DJ / DJ MC Club DJ Master of Ceremony** |
| **1. Applicant Details This section to be completed by ALL Applicants** |
| **Full Name:**  | **Date of Birth:** |
| **Trading Name:**  | **ABN:**  |
| **Residential or Postal Address:**  |
| **Suburb:****State/Territory:** | **Postcode:****Country: AUSTRALIA** |
| **Phone:**  | **Mobile:**  |
| **E-mail:**  | **Website:**  |
|  **Business Page:** |  **Business Page:** |
| **Register of Members Privacy: Please tick if you wish details, other than your name, not be made available for inspection [as per Constitution Section 8 (5)]** |
|  |
| **2. Industry Experience This section to be completed by ALL Applicants** |
| **Duration:**  | **Location:**  |
| **What type of events do you usually entertain?** (Weddings, Private Parties, Clubs, Pubs, School Discos, Corporate, etc.) |
| **Do you specialise in any particular type of event? Yes / No**  |
| **If yes, what sort?**  |
| **Are you a sole trader? Yes / No**  | **Are you a multi-operator business? Yes / No** |
| **If not sole trader or multi-operator, employed by:**  |
|  |
| **3. Mobile DJ | Mobile DJ-MC Membership (Mobile DJ/MC)** |
| **Industry Related References This section is for Mobile DJ/MC Applicants ONLY** Note: To enable your application review to be completed in a timelier basis, wherever possible, please provide Phone, Mobile & Email details  |
| **Company Name:**  |
| **Contact Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
|  |
| **Company Name:**  |
| **Contact Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
|  |
| **Company Name:**  |
| **Contact Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
|  |
| **Client References This section is for Mobile DJ/MC Applicants ONLY** |
| Note: To enable your application review to be completed in a timelier basis, wherever possible, please provide Phone, Mobile & Email details |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:**  |
| **Type of Event:**  | **Event Date:** |
| **Did you MC this Event?** | **Yes / No**  |
|  |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
| **Type of Event:**  | **Event Date:**  |
| **Did you MC this Event?** | **Yes / No**  |
|  |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
| **Type of Event:**  | **Event Date:**  |
| **Did you MC this Event?** | **Yes / No**  |
|  |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
| **Type of Event:**  | **Event Date:**  |
| **Did you MC this Event?** | **Yes / No**  |
|  |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
| **Type of Event:**  | **Event Date:**  |
| **Did you MC this Event?** | **Yes / No**  |
|  |
| **Mobile DJ/MC Documentation Checklist This section is for Mobile DJ/MC Applicants ONLY** |
| **Application Form Completed** | **Yes / No**  |
| **If applicable, Copy of relevant Current Music Licencing**  | **Yes / No**  |
| **Copy of Current Public Liability Insurance Certificate** | **Yes / No**  |
| **Copy of Current Test & Tag Certification** | **Yes / No**  |
| **Copy of Booking Form / Contract** | **Yes / No**  |
| **Photo / Video Evidence of Equipment** | **Yes / No**  |
| **Head Shot Photograph** | **Yes / No** |
| **Bio and details for Website Listing Provided** | **Yes / No**  |

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| **4. Club DJ Membership** |
| **Industry Related References This section is for Club DJ Applicants ONLY** Note: To enable your application review to be completed in a timelier basis, wherever possible, please provide Phone, Mobile & Email details  |
| **Company Name:**  |
| **Contact Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
|  |
| **Company Name:**  |
| **Contact Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
|  |
| **Club DJ Documentation Checklist This section is for Club DJ Applicants ONLY** |
| **Application Form Completed** | **Yes / No**  |
| **Copy of Current Public Liability Insurance Certificate** | **Yes / No**  |
| **Copy of Booking Form / Contract** | **Yes / No**  |
| **Head Shot Photograph** | **Yes / No** |
| **Bio and details for Website Listing Provided** | **Yes / No**  |
|  |
| **5. Master of Ceremony Membership (MC)** |
| **Industry Related References This section is for Master of Ceremony Applicants ONLY** Note: To enable your application review to be completed in a timelier basis, wherever possible, please provide Phone, Mobile & Email details  |
| **Company Name:**  |
| **Contact Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
|  |
| **Company Name:**  |
| **Contact Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
|  |
| **Company Name:**  |
| **Contact Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
|  |
| **Client References This section is for Master of Ceremony Applicants ONLY** |
| Note: To enable your application review to be completed in a timelier basis, wherever possible, please provide Phone, Mobile & Email details |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:**  |
| **Type of Event:**  | **Event Date:** |
|  |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
| **Type of Event:**  | **Event Date:**  |
|  |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
| **Type of Event:**  | **Event Date:**  |
|  |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
| **Type of Event:**  | **Event Date:**  |
|  |
| **Client Name:**  | **Phone:**  | **Mobile:** |
|  | **E-mail:** |
| **Type of Event:**  | **Event Date:**  |
|  |
| **Master of Ceremony Documentation Checklist This section is for Master of Ceremony Applicants ONLY** |
| **Application Form Completed** | **Yes / No**  |
| **Copy of Current Public Liability Insurance Certificate** | **Yes / No**  |
| **Copy of Booking Form / Contract** | **Yes / No**  |
| **Head Shot Photograph** | **Yes / No** |
| **Bio and details for Website Listing Provided** | **Yes / No**  |
|  |
| **6. Additional Information This section to be completed by ALL Applicants** |
| **What do you hope to gain from becoming a member of the DJAA?** |
|  |
|  |
| **Any other information / comments?** |

The above information is true and correct to the best of my knowledge. I agree to comply with (i) the Code of Conduct, (ii) the Code of Ethics, (iii) any Guidelines set by DJ Alliance Australasia Inc, on an on-going basis, and will (iv) if applicable, provide any evidence to establish continuing compliance as required. If these conditions are not met in any way, I understand that my Accredited membership may be revoked or my membership level downgraded to a General Member and forfeit any fees that have been paid to DJ Alliance Australasia Inc. I understand that this application may take time to process.

Signature: …………………………………………………… Date: ………………………………….

Full Name: …………………………………………………………………………………………………………