



DJ Alliance Australasia Inc. Accredited Membership Application Form (AU)

Category of Membership:	<input type="checkbox"/> Mobile DJ / DJ MC	<input type="checkbox"/> Club DJ	<input type="checkbox"/> 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:		Postcode:	
State/Territory:		Country: AUSTRALIA	
Phone:		Mobile:	
E-mail:		Website:	
Business Page:		Business Page:	
Register of Members Privacy: <input type="checkbox"/> 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
<small>Note: To enable your application review to be completed in a timelier basis, wherever possible, please provide Phone, Mobile & Email details</small>		
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
<small>Note: To enable your application review to be completed in a timelier basis, wherever possible, please provide Phone, Mobile & Email details</small>		
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		
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		

4. Club DJ Membership			
Industry Related References		This section is for Club DJ Applicants ONLY	
<i>Note: To enable your application review to be completed in a timelier basis, wherever possible, please provide Phone, Mobile & Email details</i>			
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

