|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DJ Alliance Australasia Inc. Accredited Membership Application Form (NZ)** | | | | | | | | |
| **Category of Membership: (Accredited Level Applicants Only)** | | | **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:** | | | | | | | **NZBN:** | |
| **Residential or Postal Address:** | | | | | | | | |
| **Suburb:**  **Region/Province:** | | | | | | | **Postcode:**  **Country: NEW ZEALAND** | |
| **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** | | | |
| **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**  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: …………………………………………………………………………………………………………