

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

	Mobile DJ / DJ MC	Club DJ Master of Ceremony
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:		of Birth:
Trading Name:	NZBN	
Residential or Postal Address:	INZDI	
Suburb:	Posto	and a
Region/Province:	Coun	
Phone:	Mobile:	try. NEW ZEALAND
E-mail:	Website:	
Business Page:	Business Page	۵,
	<u> </u>	le for inspection [as per Constitution Section 8 (5)]
negister of Members 1 macy.		
2. Industry Experience	This soction	on to be completed by ALL Applicants
Duration: Location:	This section	on to be completed by ALL Applicants
What type of events do you usually entertain	3 (w. 44) B.: B. at	Cl. b. D. b. Cabard Disease Constraints
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 ever	ent? Yes / N	0
If yes, what sort?		
Are you a sole trader? Yes / No	Are you a mi	ulti-operator business? Yes / No
If not sole trader or multi-operator, employed	d by:	
3. Mobile DJ Mobile DJ-MC Members	hip (Mobile DJ/N	AC)
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, ple	ase provide Phone, Mobile & Email details
Company Name:	1	
Contact Name:	Phone:	Mobile:
	l =	
	E-mail:	
	E-mail:	
Company Name:		
Company Name: Contact Name:	Phone:	Mobile:
		Mobile:
Contact Name:	Phone:	Mobile:
Contact Name: Company Name:	Phone: E-mail:	
Contact Name:	Phone: E-mail: Phone:	Mobile:
Contact Name: Company Name:	Phone: E-mail:	
Contact Name: Company Name: Contact Name:	Phone: E-mail: Phone: E-mail:	Mobile:
Contact Name: Company Name: Contact Name: Client References	Phone: E-mail: Phone: E-mail:	Mobile: is for Mobile DJ/MC Applicants ONLY
Contact Name: Company Name: Contact Name: Client References Note: To enable your application review to be completed in a timelier	Phone: E-mail: Phone: E-mail: This section basis, wherever possible, ple	Mobile: is for Mobile DJ/MC Applicants ONLY ase provide Phone, Mobile & Email details
Contact Name: Company Name: Contact Name: Client References	Phone: E-mail: Phone: E-mail: This section basis, wherever possible, ple Phone:	Mobile: is for Mobile DJ/MC Applicants ONLY
Contact Name: Company Name: Contact Name: Client References Note: To enable your application review to be completed in a timelier Client Name:	Phone: E-mail: Phone: E-mail: This section basis, wherever possible, ple Phone: E-mail:	Mobile: is for Mobile DJ/MC Applicants ONLY ase provide Phone, Mobile & Email details
Contact Name: Company Name: Contact Name: Client References Note: To enable your application review to be completed in a timelier Client Name: Type of Event:	Phone: E-mail: Phone: E-mail: This section basis, wherever possible, ple Phone:	Mobile: is for Mobile DJ/MC Applicants ONLY ase provide Phone, Mobile & Email details
Contact Name: Company Name: Contact Name: Client References Note: To enable your application review to be completed in a timelier Client Name:	Phone: E-mail: Phone: E-mail: This section basis, wherever possible, ple Phone: E-mail:	Mobile: is for Mobile DJ/MC Applicants ONLY ase provide Phone, Mobile & Email details

		E-ma	ail:		
Type of Event:		Event Date:			
Did you MC this Event?	Yes / No				
Client Name:		Phone: Mobile:			
E		E-ma	E-mail:		
Type of Event:		Eve	nt Date:		
Did you MC this Event?	Yes / No				
Client Name:		Phone:		Mobile:	
		E-mail:			
Type of Event:		Eve	ent Date:		
Did you MC this Event?	Yes / No				
Client Name:		Pho		Mobile:	
		E-ma	E-mail:		
Type of Event:		Eve	nt Date:		
Did you MC this Event?	Yes / No				
Mobile DJ/MC Documentati	on 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 Equipm	nent		Yes / No		
Head Shot Photograph		Yes / No			
Bio and details for Website Listing Provided		Yes / No			
4. Club DJ Membership					
Industry Related Refere Note: To enable your application review to		r basis,		for Club DJ Applicants ONLY	
Company Name:		<u> </u>	71 7		
Contact Name:		Phone: Mobile:		Mobile:	
		E-mail:		•	
		•			

Phone:

Mobile:

Mobile:

This section is for Club DJ Applicants ONLY

Yes / No

Yes / No

Yes / No

Phone: E-mail:

Application Form Completed

Copy of Booking Form / Contract

Club DJ Documentation Checklist

Copy of Current Public Liability Insurance Certificate

Company Name: Contact Name:

Client Name:

Head Shot Photograph	Yes / No
Bio and details for Website Listing Provided	Yes / No

5. Master of Ceremony Membership (N	/IC)			
Industry Related References This section is for Master of Ceremony Applicants ONLY				
Note: To enable your application review to be completed in a timelier	r basis,	wherever possible, please provide Ph	none, Mobile & Email details	
Company Name:	1		T	
Contact Name:	Phoi		Mobile:	
	E-ma	ail:		
Company Name:				
Contact Name:		ne:	Mobile:	
	E-ma	ail:		
Company Name:				
Contact Name:	Phoi	ne:	Mobile:	
	E-ma	ail:		
Client References		This section is for Master	of Ceremony Applicants ONLY	
Note: To enable your application review to be completed in a timelie				
Client Name:	Phoi	ne:	Mobile:	
	E-ma	ail:		
Type of Event:	Eve	nt Date:		
Client Name:	Phone:		Mobile:	
	E-ma	ail:		
Type of Event:	Eve	nt Date:		
Client Name:	Pho	ne:	Mobile:	
	E-ma	ail:		
Type of Event:	Event Date:			
,,	1			
Client Name:	Phone: Mobile:		Mobile:	
		E-mail:		
Type of Event:	Event Date:			
Ar				
Client Name: Pho		ne:	Mobile:	
		mail:		
Type of Event:	Event Date:			
-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		410.		
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		
COPY OF DOOKING FORM / CONTRACT		163 / 140		

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	of the DJAA?
Ann ather information / someonts?	
Any other information / comments?	
The above information is true and correct to the best of my know	
(ii) the Code of Ethics, (iii) any Guidelines set by DJ Alliance Austra	
applicable, provide any evidence to establish continuing compliar way, I understand that my Accredited membership may be revoke	
Member and forfeit any fees that have been paid to DJ Alliance A	
take time to process.	
Signature:	Date:
Full Name:	
Full Name:	
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