

MEMBERSHIP APPLICATION FORM



Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Company Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Address: \_\_\_\_\_

Company address (if different): \_\_\_\_\_

Number of years engaged in independent consultancy: \_\_\_\_\_

Please describe your consultancy model (e.g. valuations, project management): \_\_\_\_\_

Area(s) of expertise: \_\_\_\_\_

Are you an approved valuer under the Cultural Gifts Program?  YES  NO

Is your CV attached to this application?  YES  NO

Referee 1: \_\_\_\_\_

Ph & email: \_\_\_\_\_

Referee 2: \_\_\_\_\_

Ph & email: \_\_\_\_\_

I, \_\_\_\_\_, understand and uphold ethical and professional practice and endeavour to engage in best practice in every aspect of my work. I am an independent art consultant who is under no other commercial or personal influence that could be considered a conflict of interest. Should my situation alter for any reason I will notify the ACAA in writing within seven (7) days to suspend or withdraw my membership.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_