



2024 Membership Declaration.

MEMBER/APPLICANT DETAILS

Group / Agency / Business Name

ABN

Physical Address

Postal Address (if different)

Phone Number

Company Email

Primary Contact Name/s

Primary Contact Email/s

Invoice Contact Name

Invoice Contact Email

DECLARATION OF AUDITED OR PUBLISHED GROSS INCOME

Membership subscriptions are calculated annually based on each agency’s gross income for the previous financial year. Please list the state offices, entities and subsidiaries that are part of your membership application, including gross income* per brand. If you require more space, please provide this information on a separate sheet and attach it to this form.

State	Agency/Subsidiary Name	Gross Income	Primary Contact/s (CEO/MD)	Contact Email/s
Gross Income TOTAL (AUD) \$				

* Gross income means all fees, service fees, commissions and other income, including creative and production income, earned by a member in the course of carrying on the business of marketing communications. This may include planning, creative, producing and the delivery of advertising and marketing communications.



CONFIRMATION AND UNDERTAKING

The above-named organisation acknowledges and agrees that by submitting this Member Application Form, it:

- (a) undertakes to be bound by and comply with the Advertising Council Australia (**ACA**) Constitution, Code of Ethics, Code of Conduct, Member Rules and any other rules and regulations adopted by the ACA from time to time, as applicable to members;
- (b) agrees to notify the ACA in writing as soon as reasonably possible of any material change to the information provided in this form, or any other information which could affect the organisation’s eligibility for membership with the ACA; and
- (c) consents to the collection, use, storage and disclosure of its information, including personal information, by the ACA in accordance with the ACA’s Privacy Policy and Data Collection Statement.

SIGNATURES

[Blank signature box]

Print Name of authorised representative

[Blank signature box]

Print Name of authorised representative

[Blank signature box]

Position held

[Blank signature box]

Position held

[Blank signature box]

Sign manually or with digital signature

[Blank signature box]

Sign manually or with digital signature

[Blank signature box]

Date

[Blank signature box]

Date

CONFIDENTIALITY

ACA agrees to keep confidential all information provided in this form under the heading ‘Declaration of Audited or Published Gross Income’ (**Confidential Information**), and will not use that Confidential Information for any purpose other than calculating the membership subscription fee payable in connection with this application. ACA will not disclose the Confidential Information to any other person or permit any other person to have access to this information, unless it is required to do so by law or with the submitting member/applicant’s written consent.

RETURN FORM

Please return this completed form by email to membership@adcouncil.org.au

QUESTIONS?

Please contact the ACA Membership Support Team on (02) 8297 3800 or by email to membership@adcouncil.org.au if you have any questions.