



Your aquatic and recreation industry peak body!

Commercial Supplier Membership Application Form

Use this form to apply for commercial supplier membership with the Aquatic and Recreation Institute. Information regarding the membership benefits is available on request from the ARI Office by calling 02 9804 1720 or email info@aquaticinstitute.com.au.

How to apply for membership

Please complete all sections. When you have completed the form, please send it, together with any supporting materials, appropriate fees or purchase order for invoicing to:

ARI Membership Committee
PO Box 71 Eastwood NSW 2122 or Fax: 02 9804 1759

Code of Conduct

Since 1937 the ARI, as a network for the benefit of industry professionals, has built up a reputation for independence and honesty within the aquatic and recreation industry. The ARI would believe that its Commercial Supplier Members take a similar approach toward business ethics and shall uphold the good standing and reputation of the ARI and shall agree to carry out their business in recognition of the following:

1. The ARI logo does not constitute endorsement of a product and/or service of the Commercial Supplier Member.
2. All Commercial Suppliers, their employees and associates will commit themselves to this code of conduct by providing a high quality of service to customers, enquiring about or purchasing products and/or services.
3. It is the responsibility of the Commercial Supplier Member to comply with the statutes of any current and relevant legal requirements, including but not restricted to the Australian Corporations Act, State legislation, industry codes of practice, guidelines and ISO or Australian Standards, relating to the performance and advertising of their business.
4. No Commercial Supplier Member will denigrate, in any way, a competitor's products, equipment or services.
5. All Commercial Supplier Members will endeavour to fulfil all contractual obligations.
6. That the Commercial Supplier Member will not knowingly perform any act or transmit any information that could reasonably be construed as bringing the Aquatic & Recreation Institute, into disrepute.

Section 1 – Principal Contact Information

Company:																															
Title:											First Name:																				
Surname:																															
Position:																															
Street Address:																															
Suburb:																															
State:											Post Code:											Preferred Address:	YES	/	NO						
Postal Address:																															
Suburb:																															
State:											Post Code:											Preferred Address:	YES	/	NO						
Telephone:	(	0)																												
Fax:	(	0)																												
Mobile:	(	0	4)																											
Email:																															
Website:																															

Section 2 - General Information

Please provide a 45 word summary of your business, products and/or services provided.

Section 3 – Business Listing

Please choose an appropriate listing for searching of the Suppliers Register.

This information will be used for both the ARI Magazine and website.

Two categories complimentary, please contact ARI Office if greater than two categories apply.

- | | |
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| <input type="checkbox"/> Accessories
<input type="checkbox"/> Aquatic and Leisure Consultants
<input type="checkbox"/> Filtration/Disinfection Systems/Pumps
<input type="checkbox"/> Communications
<input type="checkbox"/> Diving Boards/Equipment
<input type="checkbox"/> Electrical Contracting
<input type="checkbox"/> Facilities Maintenance
<input type="checkbox"/> Food/Catering/Drink
<input type="checkbox"/> Pool Chemical Dosing Equipment/Testing Equipment/ Pool Cleaning Equipment
<input type="checkbox"/> Pool Consultancy
<input type="checkbox"/> Pool Heating Systems
<input type="checkbox"/> Pool Surrounds/Surfaces
<input type="checkbox"/> Shade Structures
<input type="checkbox"/> Water Treatment | <input type="checkbox"/> Architects
<input type="checkbox"/> Bulkheads/Moveable Pool Floors/Pool Covers
<input type="checkbox"/> Clothing
<input type="checkbox"/> Consulting Engineers/Pool Water Treatment/Structural
<input type="checkbox"/> Domestic and Commercial Pool Builders/Repairs
<input type="checkbox"/> Electronic Timing Systems/Display Boards
<input type="checkbox"/> Fitness Equipment
<input type="checkbox"/> Inflatables/Swimming Aids/Sports Goods
<input type="checkbox"/> Pool Chemicals
<input type="checkbox"/> Pool Entry/Access Equipment
<input type="checkbox"/> Pool Interiors
<input type="checkbox"/> Occupational Health and Safety
<input type="checkbox"/> Training
<input type="checkbox"/> Other (Specify) _____ |
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Section 4 – Second Representatives Contact Details

Complimentary second representative included in membership.

Company:																					
Title:						First Name:															
Surname:																					
Position:																					
Street Address:																					
Suburb:																					
State:						Post Code:						Preferred Address:	YES	/	NO						
Postal Address:																					
Suburb:																					
State:						Post Code:						Preferred Address:	YES	/	NO						
Telephone:	(	0)																		
Fax:	(	0)																		
Mobile:	(	0	4)																	
Email:																					

Section 5 – Third Representatives Contact Details

Complimentary third representative included in membership.

Company:																					
Title:						First Name:															
Surname:																					
Position:																					
Street Address:																					
Suburb:																					
State:						Post Code:						Preferred Address:	YES	/	NO						
Postal Address:																					
Suburb:																					
State:						Post Code:						Preferred Address:	YES	/	NO						
Telephone:	(	0)																		
Fax:	(	0)																		
Mobile:	(	0	4)																	
Email:																					

