



**MEMBERSHIP
APPLICATION -
FOLK GROUP
10 or LESS**

IF YOU ARE ALSO APPLYING FOR INSURED MEMBER STATUS YOU MUST LODGE THIS FORM WITH THE Aon INSURANCE APPLICATION: "PERFORMANCE GROUPS" WHICH IS ATTACHED AT THE BOTTOM OF THIS FORM.

MEMBERSHIP NO. _____ (please provide if available)

Primary name			
Organisaton		Title/position	
Address		Town	
State		Post Code	
Phones	h/	m/	
eMail			
Website			

Statement: I am applying for annual membership of Folk Alliance Australia Inc. I understand that the membership will cease on June 1st of each year. I agree to support the aims and objectives of Folk Alliance Australia and abide by the rules of the Association. I am signing in my capacity to represent the "group".

Name		Signature	
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Dated: _____

Select only one box below:

- I am applying for **Ordinary membership** only and understand that the membership fee is: \$60.00
- I am applying for **Insured Member Status** and understand the full fee is: \$385.00
(note: this includes the membership fee)

Payment by Credit Card:	
Credit Card Details:	
Please debit my credit card with the following amount: \$ _____ . 00 (please enter the amount corresponding with the selected box.) In favour of Folk Alliance Australia.	
Name on Card _____	Type of card: MasterCard <input type="checkbox"/> Visa <input type="checkbox"/>
Card Number _____	3 digit security code: _____
Expiry Dale: ____ / ____	Signature _____

IF BY CHEQUE or MONEY ORDER payable to: Folk Alliance Australia

**PLEASE CONTINUE IF YOU ARE APPLYING FOR INSURED MEMBER STATUS.
IF NOT, YOU ARE FINISHED, PRINT IT, SIGN IT AND POST IT TO:
Folk Alliance Membership Services, PO Box 998, Moruya, NSW 2537**



Duty of Disclosure

Before you enter into a contract of general or life insurance with an Underwriter you have a duty, under the Insurance Contracts Act. 1984, to disclose to the Underwriter every matter that you know, or could reasonably be expected to know, is relevant to the Underwriter's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose these matters to the Underwriter before you renew, extend vary or reinstate this contract of general insurance. Your duty, however does not require disclosure of any matter:

- that diminishes the Underwriter's risk
- that is of common knowledge
- that the Underwriter knows, or in the ordinary course of business, should know
- as to which compliance with your duty of disclosure is waived by the Underwriter.

Non-Disclosure

If you fail to comply with your duty of disclosure the Underwriter may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Underwriter may also have the option of avoiding the contract from its beginning.

Subrogation

If you have entered into an agreement with another party which prevents the Insurer from taking a recovery action for compensation from that party it may affect your right to cover under this Policy. Should you now be a party to such an agreement or be requested to enter such an agreement in the future please advise this office in writing.

Personal Details

Insured Name

Contact Name FAA Membership #

Address Suburb

State Postcode Phone No ()

Email Website

Questionnaire

1. Activities of the Insured: Folk Band, Choir or Dance Group (10 or less per group)
 Folk Band, Choir or Dance Group (11- 30 per group)

2. Please advise annual turnover derived from performing:
N.B. This question must be answered in order to be covered by the FAA Policy. N.B. Please note if turnover is in excess of \$50,000 per annum the FAA policy will not cover your public liability requirements. Please see Aon for advice.

3. Please advise the maximum number of people in your group / choir / band:

4. Do your activities involve audience participation such as sports or novelty games? Yes No

5. Will your activities involve the use of stunts, fire or fireworks? Yes No
N.B. If you have answered 'yes' to questions 4 and/or 5, the FAA policy will not cover your public liability requirements. Please see Aon for advice.

6. Have you or any other party to be covered by this Insurance ever experienced **ANY** occurrence which could have or has given rise to a claim under this type of Insurance? Yes No

Declaration and Signature

You must tell us anything that you know, or should know, could affect our insurer's decision to insure you and/or the terms on which they insure you. You must do this when you apply, renew your policy, or when you change or re-instate your policy. When we ask specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way. These requirements are part of the Insurance Contracts Act 1984.

I hereby acknowledge that I have complied with the duty of disclosure which is stated above. I confirm that the answers and statements in this proposal are correct and that no information has been withheld which may affect your decision to accept this proposal or the terms of the proposed Policy.

SIGNATURE: DATE: