

Application for Membership

Please complete this application form & return to the B.I.A NSW, thank you.

Company Name _____
Business/Trading Name _____

Business Address _____

City _____ **State** _____ **Post Code** _____

Postal Address _____

City _____ **State** _____ **Post Code** _____

Business Phone _____

Home Phone _____

Mobile Phone _____

Fax _____

Email _____

Web Site _____

OWNERS NAME/S **First Name/s** _____

Last Name/s _____

Main Company Contact _____

EMPLOYEE INFORMATION

Total No. of employees _____

Employee Break Down

Baking or cooking _____

Clerical/Admin _____

Shop/Retail _____

Other _____

How many are Apprentices _____

How many are *Part-time* _____

How many are *Full-time* _____

How many are *Casual* _____

BUSINESS INFORMATION

- Type of Business

Retail Bakery

Cake/Pastry Manufacturer

Wholesale Bakery

Biscuit Manufacturer/Retailer

Industrial Plant Bakery

Continental Bakery

Hot Bread Shop

National Chain Bakery

Bakery Café

Retail Patisserie

Cake Shop

Other _____

Number of Outlets _____

Names & Location (Please write overleaf if you require more space)

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Resource Information

Please indicate below areas related to your business operation so that we may better service your needs – production, produce and equipment and services required

AWARDS USED

- | | |
|---|--|
| <input type="checkbox"/> Bread Industry (State) NSW | <input type="checkbox"/> Clerical & Administration (State) NSW |
| <input type="checkbox"/> Pastry Cooks & c (State) NSW | <input type="checkbox"/> ACT Awards: (Bakers & Shop Employees) |
| <input type="checkbox"/> Shop Employees (State) NSW | |
- Other (Please Specify) _____

SERVICES

I am interest in knowing more about – Staff Training

- | | |
|--|---|
| <input type="checkbox"/> Management & Leadership Development | <input type="checkbox"/> Essentials of Industrial Relations |
| <input type="checkbox"/> Food Safety & Handling | <input type="checkbox"/> Quality Customer Service |
| <input type="checkbox"/> Occupational Health & Safety | <input type="checkbox"/> Avoiding Unfair Dismissals |
- Other (Please Specify) _____

I am interested in knowing more about – Other Services

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Labelling | <input type="checkbox"/> AWA's | <input type="checkbox"/> Energy Savings | <input type="checkbox"/> Food Safety Regulations |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Industrial Relations | <input type="checkbox"/> Insurance Savings | <input type="checkbox"/> Government Regulations |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Apprenticeships | <input type="checkbox"/> Regional Meetings | <input type="checkbox"/> O H & S Regulations |
| <input type="checkbox"/> Quality Control | <input type="checkbox"/> Computers | <input type="checkbox"/> Ecology | <input type="checkbox"/> Waste Management |
- Other (Please Specify) _____

EVENTS

I am interested in further information about the following events:

- | | |
|--|--|
| <input type="checkbox"/> Baking Shows | <input type="checkbox"/> LA Judge |
| <input type="checkbox"/> BIA Conferences and regional meetings | <input type="checkbox"/> Excellence in Baking Awards |
| <input type="checkbox"/> Other (Please Specify) | |

By signing this membership form you also will be joining the B.M.I.A.A the bakers National Body

Signature: _____

Date: _____

Information Collected in this form and Privacy – A Summary

The BIA (NSW) records information relating to member contacts to/from the Association primarily to provide member services and to maintain records of events, advice associated to the provision of Association services. From time to time the Association will forward members information about changes relevant to the Baking Industry in NSW and about the Association and its activities eg training and conferences. The Association may also forward information about the Association's sponsors and / or their products or services. The Association may use information from members to gather statistical or demographic data, which may be provided to third parties in certain circumstances. Statistical or demographic data will not include information specific to any members.

As a Member of the BIA NSW we have access to various specialist services such Wesfarmers Insurance. Please indicate if you **DO NOT** wish to consent to the Association making available to these organisations your details.

PLEASE TICK BOX IF YOU DO NOT WISH TO CONSENT TO RECEIVING INFORMATION FROM THE ABOVE OR MORE COMPANIES

I DO NOT WISH TO CONSENT TO THE ASSOCIATION MAKING AVAILABLE TO COMPANIES MY PRIVATE AND PERSONAL INFORMATION PROVIDED ON THIS APPLICATION

From time to time Council Members of the Association or other members of the Association may be given limited and temporary access to some contact details of other members. This will be under strict scrutiny of the Association and its staff members. Council Members of the Association or other members of the Association will only be provided with contact details of other members to assist with Association business. Such Association business may include networking to discuss issues affecting the baking industry in NSW, invite fellow members to Association functions or to distinguish members from non-members when approaching non-member bakeries or Patisseries.

By signing this form you agree that you have read, understood and consented to the Privacy Policy of BIA (NSW) which is contained in the Membership kit.