



Australasian Institute of Surface Finishing

ABN 99 004 918 503

APPLICATION FOR MEMBERSHIP

To the Secretary,

I/We hereby make application for admission to the [NSW / QLD / SA / VIC / WA] Branch of the Australasian Institute of Surface Finishing as a Member.

Membership Type: Individual State Corporate National Corporate

Name: _____

Address: _____

Postcode: _____

Telephone No: _____ Fax Number: _____

Email address: _____ Website: _____

Nominees:

- | | | | |
|----|----|----|----|
| 1. | 2. | 3. | 4. |
| 5. | 6. | 7. | 8. |

Company Business: Electroplating Powder Coating Supplier Other _____

Schedule of Fees:

Individual Membership \$198.00 (one individual member)

State Corporate \$451.00 (up to two nominees in one particular state)

National Corporate \$1210.00 (up to two nominees in each state)

Payment enclosed: \$ _____ Cheque Mastercard Visa Amex Diners

EFT (BSB 033 132 ACC 16 3574)

CARD NUMBER: _____ EXPIRY DATE: _____

NAME ON CARD: _____ SIGNATURE: _____

I/We certify the above statements are correct and agree, if elected, to conform to the Memorandum and Articles of Association of the Institute, the rules of the Australasian Council and By-Laws of the Branch. Further, I/we agree to promote the objects of the institute to the best of my/our ability.

Signature: _____ Date: _____

Please return membership application form, along with remittance to:
AISF, Suite 109, 134-136 Cambridge Street, Collingwood, Vic., 3066
OR FAX TO: (03) 9416 3227

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Endorsement by two AISF Members. We, the undersigned AISF members, endorse this proposal for Branch membership:

(a) Name: _____ (b) Name: _____

Signature: _____ Signature: _____

Date: _____

OFFICE USE ONLY:

Application received: _____ Fee Approved: _____ Name Registered: _____