Association Membership Application Form



DETAILS:

Organisation:	ABN:		
lain Contact:	Email:		
Address:			
Suburb/Town:		Postcode:	
Postal Address (if different to above):			
Suburb/Town:		Postcode:	
elephone: ()	Website URL: ww	W	
BILLING DETAILS (if different from above)			
,			
/ We Association Australia in accordance with the		to be admitted to Association membership of National Precast Cor ationalprecast.com.au to request a copy.	ncrete
We acknowledge and accept:			
 That the minimum term of membership is That membership is automatically renew That all resignations must be submitted That I/We are obligated to pay all fees d That I/We are required to, by technical a 	red for a further 12 months each year on J in writing and that fees will be incurred and etermined by the Association.	d are payable until such written advice is provided.	
		and and integrity of the Association.	
Signed:			
-	Position:		
Name: Please send this Membership Application 3SB: 032 060, Account: 138 964) to Natio This will apply towards your first year's i	Position: Date: Form, together with a cheque for \$500 onal Precast, Suite 2, 13 Brighton Rd, G fee.		
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