

Tertiary Institution Membership Application Form



DETAILS:

Organisation: _____
Faculty: _____
Main Contact: _____ Email: _____
Address: _____
Suburb/Town: _____ Postcode: _____
Postal Address (if different to above): _____
Suburb/Town: _____ Postcode: _____
Telephone: (_____) _____ Website URL: www. _____

BILLING DETAILS* (if different from above):

Contact Name: _____
Address: _____
Suburb/Town: _____

*Although you will not be billed for this membership, as it has no fees, we still need your billing information so you can attend member events etc.

I / We _____ apply to be admitted to Tertiary membership of National Precast Concrete Association Australia in accordance with the Association's Constitution. Email info@nationalprecast.com.au to request a copy.

Signed: _____ Position: _____

Name: _____ Date: _____

Please send this Membership Application Form to National Precast, Suite 2, 13 Brighton Rd, Glenelg SA 5045 or scan and email to info@nationalprecast.com.au.

How did you hear about National Precast?

Website Social Media Referral (by _____) Other (please specify) _____

