

PROFESSIONAL ASSOCIATE ORGANISATION MEMBERSHIP APPLICATION FORM

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Blackwood SA 5051 Australia
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www.nationalprecast.com.au
ABN 83 051 987 181

APPLICANT DETAILS

Name of Applicant: _____
Professional Service Provided: _____
Contact person: _____
ABN No: _____
Postal address: _____
Suburb/Town: _____ Postcode: _____
Telephone: _____ Facsimile: _____
Mobile: _____
Email: _____
Website URL: _____

LOCATION ADDRESS [If different to above. If more than one plant, attach list to this application]

Address: _____
Suburb/Town: _____ Postcode: _____

NAME AND ADDRESS TO WHICH INVOICES, ETC. ARE TO BE SENT [If different to above]

Contact person: _____
Postal address: _____
Suburb/Town: _____ Postcode: _____
Telephone: _____ Facsimile: _____
Email: _____

I / We _____ apply to be admitted to Professional Associate Organisation Membership of National Precast Concrete Association Australia in accordance with The Associations' Constitution. Email info@npcaa.com.au to request a copy.

I/We acknowledge and accept:

1. That the minimum term of Membership is 12 months.
2. That membership is automatically renewed for a further 12 months each year on July 1st.
3. That all resignations must be submitted in writing and that fees will be incurred and are payable until such written advice is provided.
4. That I/We are obligated to pay all fees determined by the Association.
5. That I/We are required to, by technical and commercial practice, uphold the standards and integrity of the Association.

Signed: _____ Position: _____
Name: _____ Date: _____

