

Professional Associate (Organisation) Membership Application Form



DETAILS:

Organisation: _____ ABN: _____
Professional Service Provided: _____
Main Contact: _____
Postal Address: _____
Suburb/Town: _____ Postcode: _____
Telephone: _____
Mobile: _____
Email: _____
Website URL: _____

BILLING DETAILS (if different from above):

Contact Person: _____
Postal Address: _____
Suburb/Town: _____ Postcode: _____
Telephone: _____
Email: _____

I / We _____ apply to be admitted to Professional Associate (Organisation) membership of National Precast Concrete Association Australia in accordance with the Association's Constitution. Email info@nationalprecast.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: _____

Please send this Membership Application Form, together with a cheque for \$500 (or proof of bank transfer to National Precast Concrete Association Australia BSB: 032 060, Account: 138 964) to National Precast, Suite 2, 13 Brighton Rd, Glenelg SA 5045 or scan and email to info@nationalprecast.com.au. This will apply towards your first year's fee.

How did you hear about National Precast?

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