

Membership Application Form

Professional Associate (Student)

Details

Name: _____

Address: _____

Suburb/Town: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Education

Tertiary Institution Name: _____ Location: _____

Qualification: _____ Year of Completion: _____

Declarations

I apply to be admitted to Professional Associate (Student) membership of National Precast Concrete Association Australia in accordance with the Association's Constitution (email info@nationalprecast.com.au to request a copy).

I 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.
4. That I am obligated to pay all fees determined by the Association.
5. That I am required to, by technical and commercial practice, uphold the standards and integrity of the Association.

Signature: _____ Date: / /

Name: _____

Please send this Membership Application Form, together with proof of the \$75 Annual Fee (payable to National Precast Concrete Association Australia BSB: 032 060, Account Number: 138 964) to info@nationalprecast.com.au.