

# 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](mailto: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.
6. I certify that I am currently enrolled as a full-time student.
7. I agree to notify National Precast when I am no longer enrolled in my studies in a full time capacity, at which time I will consider Professional Associate Individual membership.

Signature:	Date:     /     /
Name:	

Please send this Membership Application Form to [info@nationalprecast.com.au](mailto:info@nationalprecast.com.au).