

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 to info@nationalprecast.com.au.