

# Membership Application Form

## Tertiary Institution

Tertiary Institution Partner

Tertiary Institution Member

### Organisation details

Organisation:	Faculty:
Main Contact:	
Email:	Telephone:
Website URL:	
Address:	
Suburb/Town:	Postcode:
Postal Address (if different to above):	Mobile:
Suburb/Town:	Postcode:

### Billing details (if different to above)

Contact Name:	Email:
Address:	
Suburb/Town:	Postcode:

### Declarations

I/We apply to be admitted to Tertiary Institution 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/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.
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.

Signature:	Date: / /
Name:	Position:

Please send this Membership Application Form to the CEO, National Precast, PO Box 8144, Grange SA 5022, or email to [exec@nationalprecast.com.au](mailto:exec@nationalprecast.com.au). You will then be sent a prorated invoice, which will apply to your first year's fee.