

# Membership Application Form

## Professional Associate (Individual)

### Details

Name:	
Postal Address:	
Suburb/Town:	Postcode:
Telephone:	Mobile:
Email:	

### Education

Profession:	
Tertiary Institution:	
Qualification:	Year of Completion:

### Employment

Employer Name:	
Postal Address:	
Suburb/Town:	Postcode:
Email:	Telephone:

### Declarations

I apply to be admitted to Professional Associate (Individual) 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 and that fees will be incurred and are payable until such written advice is provided.
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:	Position:

Please send completed 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.