



MEMBERSHIP APPLICATION / RENEWAL
2009/2010

*NAME: _____

*COMPANY NAME: _____

(FOR TRADE MEMBERSHIP)

*MAILING ADDRESS: _____

POST CODE: _____

CONTACT DETAILS:

*PHONE: _____ *FAX: _____

*EMAIL: _____

WORK PLACE: _____

POSITION: _____

*COMPULSORY FIELDS TO BE COMPLETED

MEMBERSHIP FEE: \$65.00

SEND CHEQUE OR MONEY ORDER TO:

**THE TREASURER
PO BOX 3193
NORWOOD SA 5067**

TAX INVOICE/ GST EXEMPT