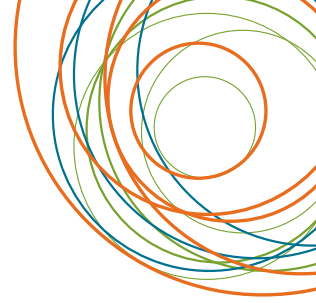


ORGANISATION MEMBERSHIP FORM 2008



APPLICATION FORM

Applicant's Details: _____

Name of Organisation: _____

Organisation's representative (cardholder): _____

Previous card number (if applicable): _____

Address: _____

Daytime contact phone number: _____

Email address (if applicable): _____

PIN:

I agree to accept email notices: (see Agreement of Application for conditions)

Name of organisation's representative: _____

Signature of organisation's representative: _____

Name of organisation's senior manager or principal: _____

Signature of organisation's senior manager or principal: _____

Date: _____

OFFICE USE ONLY

Approved (please tick): Yes No

Manager Name:

Manager's Signature:

Date:

Membership Number:

