



SUITE 205
21 BEDFORD STREET
NORTH MELBOURNE
VICTORIA AUSTRALIA 3051

PO BOX 19, PARKVILLE
VICTORIA AUSTRALIA 3052

TELEPHONE (03) 9326 7266
FACSIMILE (03) 9326 7272
EMAIL imea@mateng.asn.au

CORPORATE MEMBERSHIP APPLICATION

MEMBERSHIP DETAILS: Membership runs until 31/12/04 and fee includes 10% GST

\$590.00 Level 1 Company Membership, three nominated representatives, can be at different sites or states

\$1,108.00 Level 2 Company Membership, six nominated representative, can be at different sites or states

Optional: **\$148.00 ASM Electronic membership**

PAYMENT DETAILS

I enclose my cheque / money order made payable to the Institute of Materials Engineering Australasia Ltd or charge my credit card:

Visa Bankcard MasterCard AMEX

Card Number: _____ Expiry Date: _____

Card Holder Name: _____ Signature: _____

We hereby apply for Company Membership and declare this company will observe the Institute's code of professional conduct

Signature of Representative 1: _____ Date: _____

COMPANY DETAILS:

Company Name: _____

Postal Address: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

ABN _____ Number of Employees: _____

Industry Sector (e.g. Manufacturer, Distributor): _____

Products or Services: _____

Main Materials Handled: _____

Representative 1 (Prime Contact) (Level 1 and 2)

Prof/Dr/Mr/Mrs/Ms/Miss First Name: _____

Surname: _____

Postal Address: _____

State: _____ Postcode: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Representative 2 (Level 1 and 2)

Prof/Dr/Mr/Mrs/Ms/Miss	First Name:			
Surname:				
Postal Address:				
State:		Postcode		
Phone:		Fax:		
Mobile:		Email:		

Representative 3 (Level 1 and 2)

Prof/Dr/Mr/Mrs/Ms/Miss	First Name:			
Surname:				
Postal Address:				
State:		Postcode		
Phone:		Fax:		
Mobile:		Email:		

Representative 4 (Level 2 only)

Prof/Dr/Mr/Mrs/Ms/Miss	First Name:			
Surname:				
Postal Address:				
State:		Postcode		
Phone:		Fax:		
Mobile:		Email:		

Representative 5 (Level 2 only)

Prof/Dr/Mr/Mrs/Ms/Miss	First Name:			
Surname:				
Postal Address:				
State:		Postcode		
Phone:		Fax:		
Mobile:		Email:		

Representative 6 (Level 2 only)

Prof/Dr/Mr/Mrs/Ms/Miss	First Name:			
Surname:				
Postal Address:				
State:		Postcode		
Phone:		Fax:		
Mobile:		Email:		