

# 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:		