

# Membership Application Form

Email this form to:  
awci\_nsw@bigpond.net.au



Full Trading Name:

Applicant's Name:

Postal Address:

Postcode:

Street Address:

Postcode:

Telephone Number:

Fax Number:

Mobile Number:

Email:

Licence Class (if applicable):

Licence No (if applicable):

## Business Operation

Total Years in Wall & Ceiling Industry:

Do you have a trade qualification?

Yes

No

(please tick applicable)

Current Number of Employees:

Do you wish to be placed on a list for work referrals?

Yes

No

(please tick applicable)

I / We apply for membership of the Association of Wall & Ceiling Industries and if accepted will undertake to abide by the Rules and By-Laws of the Association and undertake to pay all Fees and Dues as may be determined whilst a member of the Association.

I / We hereby tender subscription for 12 months. Being for the amount of \$ \_\_\_\_\_ (see below)

Signed

Date

Payment Method (please tick one)

☐

Mastercard

☐

Visa

☐

Cheque

☐

Amex

Card Number

Cardholder's Name

Expiry Date

Cardholder's Signature

Date

(Please note credit card charges apply)

Member Type (please tick)

☐

Manufacturer

Metro/ surrounding (all rates include GST)

\$ 605 p.a.

☐

Supplier

\$ 605 p.a.

☐

Contractor 5 or more staff & subbies

\$ 605 p.a.

☐

Contractor 4 and less staff & subbies

\$ 302.50 p.a.

A joining fee of \$25.00 also applies