



AUSTRALIAN INSTITUTE OF STEEL DETAILERS (QLD) INC.

INDIVIDUAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Surname Name:		Given Name:
Qualifications:		
Address:		
City:	State:	Post Code:
Ph:	Fax:	Mob:
Email:		
EMPLOYER INFORMATION		
Business Name:		
Name of Contact person for reference:		
Street Address:		
City:	State:	Post Code:
Ph:	Fax:	
Postal Address:		
Your Position:		Years of Experience:

I apply for membership as a Cadet
 Detailer (please attach supporting evidence of experience)
 Associate

I _____, hereby declare that I satisfy all the relevant criteria stated in the "Membership Criteria" of the AISD (Qld) inc.

I hereby also agree to abide by the AISD Code of Ethics and submit to an annual review of my membership by the AISD (Qld) Management Committee if deemed necessary.

Please attach all supporting documentation to your application.

Signature of applicant: _____ Date: _____

Email to: gldsecretary@aisd.com.au

Fax: 07 3844 9477

Postal Address: PO Box 8520, Woolloongabba QLD 4102