



Membership application form for Year : 1-10-20__ to 30-9-20__

I hereby declare that

I meet all criteria as stated in the "Membership Criteria" of the AISD.

I hereby also agree to a review of my membership by the AISD Management Committee within a period of 12 months if deemed necessary.

- I apply for membership as a
- Steel Detailer in Training
 - Graduate Member
 - Full member (please attach supporting evidence of experience)
 - Associate Member

and provide payment for the amount of \$..... as per the "Membership Fee Schedule".

Family Name:..... Given Names:.....

Private Contact

Business Contact

Email:..... Email:.....

Street:..... Position:.....

..... Employer:.....

City:.....Post Code:..... Postal Address:.....

Ph:..... Fax:..... City.....Post Code:.....

Mobile:..... Ph:..... Fax:.....

If you would like more information or clarification of this form please contact the AISD Secretary at the following address.

Email nsw@aisd.com.au

Postal New South Wales Institute of Steel Detailers
55 Tintern Ave
Telopia NSW 2117