



**Membership Renewal form – for year 1-10-20\_\_ to 30-9-20\_\_**

I / We ..... hereby declare that  
(Business Name if registering as a Business)

I / We continue to meet all criteria as stated in the “Membership Criteria” of the AISD.

- I / We apply for membership renewal as
- Steel Detailer in Training
  - Graduate Member
  - Full Member
  - Associate Member

(please attach supporting evidence of experience if upgrading your classification)

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:.....

**Fees are due on the 1<sup>st</sup> October and payable no later than 31<sup>st</sup> October to maintain membership.**

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

Email [nsw@aisd.com.au](mailto:nsw@aisd.com.au)

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55 Tintern Ave  
Telopia NSW 2117