



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 secretary@qisd.org.au

Fax (07) 3844 3955

Postal PO Box 8250 Woollongabba Qld. 4102