



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 current "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 1st October and payable no later than 31st October to maintain membership.

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 9477

Postal PO Box 8250 Woolloongabba Qld. 4102