

MULTITURN SCREW PILING ASSOCIATION OF AUSTRALIA INC.

APPLICATION FOR MEMBERSHIP



1. Membership Type

Please select one membership category:

- **Ordinary Membership**
 - Individual
 - Organisation

 - **Associate Membership**
 - Individual
 - Organisation
-

2. Applicant Details

Full Name (Print): _____

Postal Address: _____

Phone Number: _____

Email Address: _____

3. Organisation Details (If Applicable)

Organisation Name: _____

Position within Organisation: _____

Organisation Address: _____

I confirm that I am authorised to apply for membership on behalf of the above organisation (if applicable). > Yes

4. Applicant Declaration

I hereby apply for membership of the Multiturn Screw Piling Association of Australia Inc. and agree to abide by the Constitution and rules of the Association.

Applicant Signature: _____

Printed Name: _____

Date: _____

Please email completed application forms to: graemehdick@bigpond.com

OFFICE USE ONLY

Application Received Date: _____

Approved by Management Committee: Yes No

Date Approved / Rejected: _____

Committee Signature: _____

Nomination

Proposer of Nomination	Seconder of Nomination
Signature: _____	Signature: _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____