



**Membership application form for Year : 1-02-20\_\_ to 28-02-20\_\_**

I ..... hereby declare that

I meet all criteria as stated in the "Membership Criteria" of the AISD (NSW) Inc.

I hereby also agree to a review of my membership by the AISD (NSW) Inc 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 (NSW) Secretary at the following address.

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

Postal Australian Institute Steel Detailers (NSW) Inc  
982 Hunter Street,  
Newcastle West NSW 2302

Payment Option

EFT Payments:  
BSB: 062-815  
Acc: 1039 9596