



# THE ASSOCIATION OF WALL AND CEILING INDUSTRIES OF NSW

ABN 17 545 418 521 & REGISTERED UNDER INDUSTRIAL RELATIONS ACT NSW (ER2)

Unit 5, 190 George Street Parramatta NSW 2150

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## 2010 MEMBERSHIP APPLICATION FORM

Company Name:			
Street Address:			
	State:	Postcode:	
Postal Address:			
	State:	Postcode:	
Phone:		Fax:	
Mobile:		Email:	
Web Site:		Preferred Contact:	<input type="checkbox"/> Email <input type="checkbox"/> Fax

Business Type:	Sole Trader	Partnership	Company
Scope of Work:	Domestic	Commercial	Heritage/Other

*Please indicate the classification(s) where most of your business is conducted.*

ABN:	Years in Business:
Name of Representative:	

<b>Subscription Details:</b>			
<input type="checkbox"/> Commercial		<input type="checkbox"/> Small Domestic Contractor (inc gst)	
Business (inc gst) \$605.00	or		\$302.50
<input type="checkbox"/> Joining Fee (no gst) \$ 25.00		<input type="checkbox"/> Joining Fee (no gst)	\$ 25.00
		Total Enclosed	
Total Enclosed	\$630.00		\$327.50

1. These particulars are a true description as at this date, and I/we hereby undertake to conform to the Constitution of The Association of Wall & Ceiling Industries of New South Wales and all rules made there under, and the Membership Code of Ethics.

2. I authorise the Association to publicise as it sees fit, that I/we are Members }  Yes  
of the Association and agree to be sent Association publications on a regular basis.  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Payment Options:</b>			
<input type="checkbox"/> Cheque or Money Order enclosed		\$ _____	
<input type="checkbox"/> Direct Debit to Association Bank BSB 082 278 A/C 02613 6125		\$ _____	
or			
Payment by Credit Card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	\$ _____
Number:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Signature: _____	Name on Card: _____		