INSTITUTE OF AUTOMOTIVE MECHANICAL ENGINEERS

A.B.N. 57 000 033 992

McMillan Industrial Estate, Unit 4, 26 Ferndell Street, South Granville NSW 2142
PO BOX 70, BLAXCELL NSW 2142
P: (02) 9782 1100 | F: (02) 9782 1101 | www.iame.com.au

BUSINESS SERVICES DIVISION
MEMBERSHIP APPLICATION

_____
Membership Number – Office Use Only

Business Details

COMPANY NAME _____

ACN _____ **ABN** _____

TRADING NAME _____

NUMBER OF EMPLOYEES _____ **NOMINATED REPRESENTATIVE** _____

NUMBER OF ADDITIONAL BRANCHES OR RELATED ENTITIES IF ANY? _____

BUSINESS ADDRESS _____

_____

_____ **STATE**_____ **POST CODE**_____

CONTACT INFORMATION **WORK** (____) _____ **MOBILE** _____

EMAIL _____

WEBSITE _____

I declare that as the Nominated Representative, the company which is applying for membership is engaged in the Automotive or a related Industry.

Signature _____ Date_____

Annual Membership Fees

- ☐ **Small Business** (1 to 7 Staff Members) ..... $ 500.00 + GST
- ☐ **Medium Business** (8 to 15 Staff Members) ..... $ 1,000.00 + GST
- ☐ **Large Business** (16 + Staff Members) ..... $ 2,000.00 + GST

Mail Completed Application with Payment to:

INSTITUTE OF AUTOMOTIVE MECHANICAL ENGINEERS
PO BOX 70, BLAXCELL NSW 2142

Amount: $ _____ ☐ Cheque / Money Order ☐ Capricorn No. _____

☐ Mastercard ☐ Visa ☐ American Express ☐ Diners

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Card Expiry ☐☐ / ☐☐ Signature: _____

☐ Direct Debit *(Form required)*
☐ BPay *(Reference Number required)*
Please ensure your email address is noted on the reserve side of this form as IAME will send further details regarding the above payment

Office Use Only	Amount Paid: $	Invoice No:	Invoice Date:

Victoria	Queensland	New South Wales	South Australia	Western Australia
PO Box 10 Greensborough VIC 3088 **Phone: (03) 9548 2555**	PO BOX 230 Acacia Ridge QLD 4110 **Phone: (07) 3715 7595**	PO Box 70 Blaxcell NSW 2142 **Phone: (02) 9782 1100**	PO Box 104 Enfield Plaza SA 5085 **Phone: (08) 8342 1444**	PO Box 3112 Belmont WA 6104 **Phone: (08) 9478 1642**