



# 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 93, BLAXCELL NSW 2142

P: (02) 9782 1100 | F: (02) 9782 1101

www.iame.com.au

## MEMBERSHIP APPLICATION

### 1 Applicant Details

To be completed by all applicants...

Membership Number – Office Use Only

**NAME OF APPLICANT** \_\_\_\_\_  
First Name and Surname if PERSONAL MEMBERSHIP or Business Name if CORPORATE MEMBERSHIP

**POSTAL ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**POST CODE** \_\_\_\_\_

**CONTACT DETAILS**

**HOME** (\_\_\_\_) \_\_\_\_\_ **WORK** (\_\_\_\_) \_\_\_\_\_

**MOBILE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMAIL** \_\_\_\_\_

**Complete only ONE of the following sections**, shown below and on the reverse of this form.  
 A brief explanation of each level of membership follows:-

- Section 2 - AFFILIATE > A person engaged in the Automotive or related industry.**
- Section 3 - CORPORATE > An organisation engaged in the Automotive or related industry.**
- Section 4 - GRADED > A person qualified by experience and training, seeking recognition of their technical competence.**

### 2 Affiliate

To be completed by person engaged in the Automotive or related industry

I declare that I am engaged in activities associated with the automotive or a related industry.

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

### 3 Corporate

To be completed for organisation engaged in the Automotive Industry

I declare that the organisation applying for membership is engaged in the automotive or a related industry and I am authorised to make this application on behalf of the organisation.

Name \_\_\_\_\_ Position \_\_\_\_\_

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

# 4

## Graded Membership

To be completed by person applying for Graded Membership as a MASTER MEMBER, MEMBER, ASSOCIATE MEMBER OR ASSOCIATE

Please ensure you tick ALL appropriate boxes.

Graded membership can be achieved by undertaking an IAME grading examination **or** by submitting details and copies of all qualifications and certificates you may hold for consideration.

I declare I have \_\_\_\_\_ years work experience in the Automotive Industry as a Technician in the Division of:

- Light Vehicle Mechanical Technology
- Mobile Plant Mechanical Technology
- Automotive Underbody Technology
- Automotive Glazing Technology
- Automotive Body Repair Technology
- Automotive Engine Reconditioning
- Motor Cycle Mechanical Technology
- Automotive Sales & Administration
- Automotive Alternative Fuels Technology
- Heavy Commercial Vehicle & Trailer Mechanical Technology
- Automotive Air Conditioning, HVAC & Cooling System Technology
- Automotive Electrical Technology
- Automotive Transmission & Driveline Technology
- Automotive Refinishing Technology
- Outdoor Power Equipment Technology
- Marine Mechanical Technology
- Automotive Training, Assessment & Education
- Motorsport and Performance Enhancement Technology

<b>Section A</b>	<input type="checkbox"/> <b>Grading by Qualification - Complete Section A only.</b> <span style="float: right;"><b>(No Additional Fee)</b></span>	
	I request the IAME Council to assess my application based upon the Qualifications which I have listed below and attached copies. <i>i.e. Nationally Recognised Certificate II, III, IV or Office of Fair Trading Motor Vehicle Tradesperson Certificate (OFT MVTC).</i>	
	<b>Certificate Title</b>	<b>Issuing Body</b>
		<b>Date and/or Number</b> (if known)
	<input type="checkbox"/> I have attached the necessary copies of Certificates and Qualifications as stated above.	

<b>Section B</b>	<input type="checkbox"/> <b>Grading by Consideration - Complete Section B only.</b> <span style="float: right;"><b>(Additional \$200.00)</b></span>	
	I request the IAME Council to assess my application based upon the Certificates, documents and information supplied with THIS application form.	
	<input type="checkbox"/> I have attached the necessary copies of Certificates, documents and information.	

<b>Section C</b>	<input type="checkbox"/> <b>Grading by Examination - Complete Section C only.</b> <span style="float: right;"><b>(Additional \$350.00 per attempt)</b></span>	
	I request the IAME Council to assess my application and allocate a grading based upon results of an IAME Examination of the Division ticked above.	

I declare that the information provided and attached to this application is correct and understand that should it be found to be false, inaccurate, or misleading in any way, the IAME Council may withdraw my membership.

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

<b>Mail Completed Application with Payment to:</b>	<b>INSTITUTE OF AUTOMOTIVE MECHANICAL ENGINEERS</b> PO BOX 70, BLAXCELL NSW 2142		
Amount: \$ _____	<input type="checkbox"/> Cheque / Money Order		<input type="checkbox"/> Capricorn No. _____
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express		<input type="checkbox"/> Direct Debit (Form required)	
Card No. <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input type="checkbox"/> BPay (Reference Number required)		
Card Expiry <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Signature: _____		
<b>Office Use Only</b>	Amount Paid: \$ _____	Invoice No: _____	Invoice Date: _____

TERMS AND CONDITIONS: > Membership is ongoing unless written notification of cancellation is received.  
> If Membership goes into arrears, The Automotive Engineer Journal, will cease being sent to you until membership is Current.

<b>Victoria</b> PO Box 256 NARRE WARREN VIC 3088 Phone: (03) 9548 2555	<b>Queensland</b> PO Box 230 ACACIA RIDGE QLD 4110 Phone: (07) 3715 7595	<b>New South Wales</b> PO Box 70 BLAXCELL NSW 2142 Phone: (02) 9782 1100	<b>South Australia</b> PO Box 256 NARRE WARREN VIC 3088 Phone: (08) 8342 1444	<b>Western Australia</b> PO Box 3112 BELMONT WA 6104 Phone: (08) 9478 1642
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