



INSTITUTE OF AUTOMOTIVE MECHANICAL ENGINEERS

A.B.N. 57 000 033 992

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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

Please tick ONE of the two options for Corporate Membership:

Standard Corporate | Premium Corporate

Select Premium Corporate to enjoy all the benefits of membership with the inclusion of an Employment Advice Hotline. An additional cost of **\$79 AUD** (incl GST) for Premium Services applies over and above Standard Corporate rate.

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 _____

