



**SBAT APPLICATION**

**School Based Apprentices or Trainees**

\_\_\_\_\_  
Membership Number – Office Use Only

**1 Applicant Details**

To be completed by all applicants

**NAME OF APPLICANT** \_\_\_\_\_

**POSTAL ADDRESS** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **POST CODE** \_\_\_\_\_

**CONTACT DETAILS**

**HOME** ( \_\_\_\_\_ ) \_\_\_\_\_ **STUDENT ID** \_\_\_\_\_

**WORK** ( \_\_\_\_\_ ) \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MOBILE** \_\_\_\_\_

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

IAME Student Membership Fee Structure:	1 <sup>st</sup> Year = Free of Charge	2 <sup>nd</sup> to 4 <sup>th</sup> Year = Student Concession Fee.
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**2 Student**

A person undertaking studies leading to a qualification

I declare that the following information related to my application is true and correct.

- Training Provider / College \_\_\_\_\_
- Date of Commencement at Training Establishment \_\_\_\_\_  
Month / Year
- Date of Commencement at Employment in the Industry \_\_\_\_\_  
Month / Year
- Employment Description (please tick appropriate Division)
 

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

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

# 3

## Authority to become a Member

To be completed by Parent/Carer of the student, if the student is under 18 years of age.

**NAME OF PARENT/CARER** \_\_\_\_\_

**RELATIONSHIP TO STUDENT:**  Parent       Guardian       Carer  
Other : \_\_\_\_\_

**PARENT/CARER CONTACT DETAILS**  
**HOME** (\_\_\_\_) \_\_\_\_\_      **WORK** (\_\_\_\_) \_\_\_\_\_  
**MOBILE** \_\_\_\_\_

I (Parent/Carer) \_\_\_\_\_

do hereby give my permission for (Student) \_\_\_\_\_  
to become a student member of the Institute of Automotive Mechanical Engineers (IAME)

Signed: (Parent/Carer) \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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 10 Greensborough VIC 3088 <b>Phone: (03) 9548 2555</b>	<b>Queensland</b> PO Box 3568 Mount Ommaney QLD 4074 <b>Phone: (07) 3715 7595</b>	<b>New South Wales</b> PO Box 70 Blaxcell NSW 2142 <b>Phone: (02) 9782 1100</b>	<b>South Australia</b> PO Box 104 Enfield Plaza SA 5085 <b>Phone: (08) 8342 1444</b>	<b>Western Australia</b> PO Box 3112 Belmont WA 6104 <b>Phone: (08) 9478 1642</b>
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