



AUSTRALIAN WAREHOUSING ASSOCIATION INC.

Application for Membership

Personal Details

First Name: _____ Last Name: _____

Postal Address: _____ Suburb: _____ State: _____ Postcode: _____

Home Phone: (____) _____ Home Email: _____

Professional Details

Employer: _____ Work Phone: (____) _____

Position/Title: _____ Number of People in Organisation: _____

Work Address: _____

Suburb: _____ State: _____ Postcode: _____ Work Phone: (____) _____

Mobile: _____ Work Email: _____

Membership Category

I wish to apply for the following category of membership. Tick one:

Fellow \$200 Associate Fellow \$150 Ordinary Member \$100 Student \$50 Retired \$30 Affiliate (overseas) \$50

My Resume is attached: Yes No

Please note: Fees are in \$AUD

Payment Details

CREDIT CARD	DIRECT DEPOSIT	CHEQUE
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD ----- Expiry Date ___ / ___ Amount \$_____ Name on card: _____ Signature: _____	BSB: 034 108 Account: 206 532 Name: Australian Warehousing Association Reference: Please use your name/s	Made payable to: Australian Warehousing Association Please post form and cheque to: P O Box 3271 Parramatta NSW 2124

“The Voice of the Warehousing Industry”

Australian Warehousing Association Incorporated

P.O Box 3271 Parramatta NSW Australia 2124

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