



Corporate Membership Application

Membership Type:

National Applicator

State Applicator

National Supplier

State Supplier

Company Information

Company Name: _____

ABN: _____

Trading as
(if different): _____

Address: _____
Street Address

City

State

Post Code

Phone: _____ Fax: _____

Email: _____ Website: _____

Primary Contact:

Name: _____ Position: _____

Phone: _____ Email: _____

Accounts Department:

Name: _____ Position: _____

Phone: _____ Email: _____

Initial: _____

Plant/ Factory Information:

Please note, a plant is the physical address of the manufacturing plant.

Number of Plants: _____ Number of Lines: _____

Address of plant 1: _____

Number of lines at plant 1: _____

Address of plant 2: _____

Number of lines at plant 2: _____

Address of plant 3: _____

Number of lines at plant 3: _____

Address of plant 4: _____

Number of lines at plant 4: _____

Address of plant 5: _____

Number of lines at plant 5: _____

Products Manufactured:

Residential Commercial Government

Does your company offer an Accreditation program? Yes No

Services Offered:

Initial: _____

Disclaimer and Signature

I/we hereby apply for Membership of the Australasian Institute of Surface Finishing (AISF) and if accepted agree to abide by the rules of the Association

I certify that my answers are true and complete to the best of my knowledge.

Name: _____ Position: _____

Signature: _____ Date: _____