



Australasian Institute of Surface Finishing

Individual Membership Application

Member Information

Company Name: _____

ABN: _____

Trading as: _____
(if different)

Address: _____
Street Address

City

State

Post Code

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

State of Operations:

NSW QLD SA ACT Overseas _____

VIC WA TAS NT

Services Provided:

Initial: _____

Disclaimer and Signature

I 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 declare that I am a Sole Trader, or an Individual interested in the Surface Finishing Industry.

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

Name: _____ **Position:** _____

Signature: _____ **Date:** _____