



Australasian Institute of Surface Finishing

Student Membership Application

Company Information

Full Name: _____

Address: _____
Street Address

_____ *City* _____ *State* _____ *Post Code*

Phone: _____ Email: _____

Course Name: _____

Tertiary Institution: _____

Campus: _____

Facility: _____

Postal Address: _____
Street Address

_____ *City* _____ *State* _____ *Post Code*

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: _____

Signature: _____ Date: _____