



# 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: \_\_\_\_\_