

Australian Construction Modellers Association Ltd

## INDIVIDUAL MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Surname Name:		Given Name:
Qualifications:		
Address:		
City:	State:	Post Code:
Ph:	Fax:	Mob:
Email:		
EMPLOYER INFORMATION		
Business Name:		
Name of Contact person for reference:		
Street Address:		
City:	State:	Post Code:
Ph:	Fax:	
Postal Address:		
Your Position:		Years of Experience:

- I apply for membership as a
- Member in Training
  - Graduate Member
  - Full Member
  - Individual Associate Member

I \_\_\_\_\_, hereby declare that I meet all the criteria stated in the "Membership Criteria" of the ACMA Ltd

I hereby also agree to abide by the ACMA Code of Ethics and submit to an annual review of my membership by the ACMA Board if deemed necessary.

Please attach all supporting documentation to this application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Email to: [info@austcma.org.au](mailto:info@austcma.org.au)

Ph: 07 3257 3910

Postal Address: 20/76 Doggett Street Newstead. Brisbane QLD. 4006