

ASPACI

Australasian and South Pacific Association of Collision Investigators *Application for **

* select as applicable

PART A *(all applicants to complete)*

Name:

Postal Address:

City: State/Prov:

Country: Zip/Post. code:

Phone:

E-mail: Include me on the ASPACI Email List

I am applying for Individual membership A\$40 Corporate membership A\$130

PART B *(to be completed by all new applicants)*

Organisation / Employer:

Qualifications:

ASPACI Referee:

Name:

PART C *(payment section)*

Method of Payment

Cheque enclosed

Visa Mastercard Bankcard

Credit Card No: Exp Date:

Name on Card: Amount:

Signature:

Send application to: ASPACI Secretary, PO Box 594, WOY WOY NSW 2257 Fax: +61 2 43421934

Office use only

Application approved: _____ Receipt Issued: _____ Membership Number: _____