



**AUSTRALIAN INSTITUTE OF STEEL DETAILERS (QLD) INC.**

## **COMPANY MEMBERSHIP APPLICATION**

<b>COMPANY INFORMATION</b>		
Business Name:		
Street Address:		
City:	State:	Post Code:
Postal Address:		
Ph:	Fax:	
Web Site:		
Years trading:	Number of Employees:	
CAD Software in use:		
Number of Licenses for each software:		
<b>COMPANY REPRESENTATIVE INFORMATION</b>		
Surname Name:	Given Name:	
Position within the business:		
Ph:	Mob:	
Email:		

I apply for membership as a

- Sole Trader
- Company 'A'
- Company 'B'
- Company 'C'
- Associate

I \_\_\_\_\_ as representative of the applicant listed above, hereby declare that this company meets all the criteria stated in the "Membership Criteria" of the AISD (Qld) inc.

I hereby also agree to abide by the AISD Code of Ethics and submit to an annual review of my membership by the AISD (Qld) Management Committee if deemed necessary.

Please attach all supporting documentation to this application.

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

Email to: [gldsecretary@aisd.com.au](mailto:gldsecretary@aisd.com.au)

Fax: 07 3844 9477

Postal Address: PO Box 8520, Woolloongabba QLD 4102