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ASSOCIATE MEMBER APPLICATION FORM

Associate Membership

Associate members are kept up to date, receiving our regular "E-News", other email updates and alerts. You will also receive your own copy of the association's magazine "Trackwatch" mailed directly to you bi-monthly.

FIRST NAME: SURNAME:
ADDRESS: SUBURB: P/CODE:
PHONE: (Bus): (A/H): MOBILE:
EMAIL ADDRESS:

In the event of my admission as an Associate Member, I agree to be bound by the rules, Code of Ethics, Regulations and By-laws of the Association for the time being in force.

Signature:.....

Date:.....

ASSOCIATE MEMBERSHIP NO:

PAYMENT DETAILS (To be removed immediately following Approved Batch Advantage Payment Receipt)

Payment Method:	Visa D	MasterCard D	Invoice (Company Only) D
Card Number: _____ - _____ - _____ - _____	Name on Card: _____		
Expiry Date: ____/____	CVN: _____	Amount: \$ _____	Signature : _____ / Phone