

		Personal Information		
Full Name:				
La	ast Name	First Name	Title	
Address: St	reet Address			
Su	uburb/City/Provence	State/Territo	ory Postcode	
Mobile Phone:		Home Phone:		
Email				
	r private address, phone numbers and/or email will not be shown on our website or public documents			
Qualification*				
Course Coordinator if o	currently studying, as well as d		mpletion or Student ID/ Letter from ise and ongoing education. This can be a VIC 3141	
	Business Information ((This information will appear on the AS	SDC website)	
		or on the ASDC website please advise on the ASDC website please advise on the please DO NOT include business	of this in your application covering letter/email. details (leave blank).	
Business Name:				
Location:	0			
	Street Address			
	Suburb/City/Provence	State/Territory	Postcode	
Business Email:				
Business Phone:				
Business Website:				
		Membership Information		
T (M)	T Full Manush and in (\$400)	·	To Associate Manufactulia (\$400)	
Type of Membership: (circle)	☐ Full Membership (\$198)	☐ Student Membership (\$		
	Membership fee is for 12	Months – 1 st January to 31 st December	ber	
Intended Payment Meth	od: 🗆 Cash	☐ Cheque ☐ PayPal ☐	Bank Transfer	
Payment instructions:	The ADSC will advise	e you of how to pay once your applic	ration has been accepted.	
Submission options:		Option 1: Post to PO Box 9206 South Yarra VIC 3141 Option 2: Email to asdc@live.com.au with attached documentation		
Signature of applicant*:		Date:		

This application will go before the ASDC Committee for consideration. The Committee reserves the right to approve or reject any application for membership that it receives, in accordance with the ASDC's constitutional by-laws.

^{*}By signing this form you are confirming that the information you have provided is correct and true.