

MEMBER REGISTRATION FORM

NAME

COMPANY NAME

YOUR POSITION

EMAIL

REGISTERED OFFICE ADDRESS

CITY

STATE

POSTCODE

PHONE

MOBILE

ABN / NZ COMPANY NUMBER

TRADING SINCE

NUMBER OF FULL TIME EMPLOYEES

TYPE OF MEMBERSHIP APPLICATION

(Please tick one)

\$600 AUD/NZD
Full Membership
(7 or more staff)

\$300 AUD/NZD
Small to medium Membership
(4-6 Staff)

\$450 AUD/NZD
Associate Membership

EMAIL PERMISSION

(Please tick if you accept)

Yes, AALC may share my
email address among
members



MEMBER REGISTRATION FORM

REFEREES: *(optional)*

PLEASE LIST ANY EXISTING AALC MEMBERS OR INDUSTRY CONTACTS AS REFEREES TO ASSIST WITH THE APPLICATION PROCESS

1.
2.
3.

PLEASE LIST YOUR MOTIVATION TO BECOME A MEMBER AND ANY INDUSTRY CONCERNS YOU WOULD LIKE RAISED

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PLEASE WRITE A SHORT COMPANY DESCRIPTION FOR YOUR LISTING IN THE MEMBERSHIP DIRECTORY

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FILL IN YOUR APPLICATION FORM
AND RETURN VIA POST TO:

PO Box 114
Ashgrove QLD 4060

OR VIA EMAIL TO: **membership@aalc.org.nz**

