



**APPLICATION FOR  
PROFESSIONAL ASSOCIATE MEMBERSHIP**

NAME OF APPLICANT: \_\_\_\_\_

ABN No: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

NAME AND ADDRESS TO WHICH NOTICES, ETC ARE TO BE SENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION ADDRESS (If different to above): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEB SITE URL: \_\_\_\_\_

I/WE \_\_\_\_\_

as suppliers of goods or services to the precast industry apply to be admitted to Professional Associate Membership of NATIONAL PRECAST CONCRETE ASSOCIATION AUSTRALIA in accordance with the Constitution of NATIONAL PRECAST CONCRETE ASSOCIATION AUSTRALIA LIMITED (Email: [info@npcaa.com.au](mailto:info@npcaa.com.au) to request a copy).

**I/WE CONFIRM THAT I/WE WILL PAY ALL FEES DETERMINED BY THE ASSOCIATION AND WILL, BY TECHNICAL AND COMMERCIAL PRACTICE UPHOLD THE STANDARDS AND INTEGRITY OF THE ASSOCIATION.**

SIGNED: \_\_\_\_\_ POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_