



**APPLICATION FOR MEMBERSHIP**

*(Incorporated under the Associations Incorporation Act 1984)*

**APPLICANT DETAILS**

Full Name: .....

Address: .....

Postal Address: .....  
*(if different to above)*

Employer: *(if applicable)* .....

Position: *(if applicable)* .....

Contact Name: *(Corporate Membership Only)* .....

Tel.: *(Bus.)* ..... Tel.: *(Home)* .....

Fax No.: ..... Mobile No.: .....

E-mail: .....

**WHICH MEMBERSHIP GRADE <sup>(i)</sup> ARE YOU APPLYING FOR?**

Initially, you will be inducted as an Associate Member.

**Associate Member**

If you wish to proceed to full membership, you may do so at any time. If you are ready to proceed to full membership now, please tick the boxes below for the Classes in which you seek to undergo competency assessment.

|  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Member</b> | <input type="checkbox"/> LP Gas                    | <input type="checkbox"/> Class 5.1      |
|  | <input type="checkbox"/> Class 2 other than LP Gas | <input type="checkbox"/> Class 5.2      |
|  | <input type="checkbox"/> Class 3 - Package         | <input type="checkbox"/> Class 6, 8 & 9 |
|  | <input type="checkbox"/> Class 3 - Bulk            | <input type="checkbox"/> Mixed Class    |
|  | <input type="checkbox"/> Class 4                   |   |

**Corporate Member** Refer to Corporate Member application form.

I hereby apply to become a member of the Australasian Institute of Dangerous Goods Consultants Inc. in the grade of Membership nominated above.

In the event of my admission, I agree to be bound by the Rules, By-Laws, Code of Ethics and Code of Conduct of the Institute and pay membership fees, for the time being in force.

I have not been formally required to justify my conduct to any professional association or regulatory authority except as follows:

.....

.....



I understand that if I am admitted to the grade of Member, I will be licensed to use the Institute logo on my letterhead in accordance with the By-Laws, so long as I continue to be a Member. On ceasing to be a Member, I will cease to use the logo.

Enclosed is my cheque for \$.....<sup>(ii)</sup> being the subscription fee for the financial year ending 30 June 200.....

**CHEQUE DETAILS**

Bank .....  
Account Name .....  
Account No. ....  
Cheque No. ....

**SUPPORTING DOCUMENTATION**

In support of my application to become a member or associate member, I enclose my curriculum vitae (CV) which includes details of my relevant qualifications, training, professional affiliations and work place experience, particularly experience related to dangerous goods.

.....Signature of Applicant.....Date

Nominated by:

Name .....

Address .....

AIDGC Membership No. ....

.....Signature of Nominator.....Date

Return this application and your cheque to –  
Australasian Institute of Dangerous Goods Consultants (AIDGC)  
Attention: Membership Officer  
PO Box 624  
GLADESVILLE NSW 2111

Any enquiries should be directed to Membership Officer –  
Terry Grainger Mobile telephone: 0408 677 982

<sup>(i)</sup> For membership grades, see leaflet entitled "Membership of the AIDGC"

<sup>(ii)</sup> Membership Subscription Fees. See accompanying schedule.