



MEMBERSHIP APPLICATION

1 Applicant Details

To be completed by all applicants...

Membership Number – Office Use Only

NAME OF APPLICANT _____
First Name and Surname if PERSONAL MEMBERSHIP or Business Name if CORPORATE MEMBERSHIP

POSTAL ADDRESS _____

_____ **POST CODE** _____

CONTACT DETAILS

HOME (_____) _____ **WORK** (_____) _____

MOBILE _____ **DATE OF BIRTH** ____ / ____ / ____

EMAIL _____

Complete only ONE of the following sections, shown below and on the reverse of this form.

A brief explanation of each level of membership follows:-

- Section 2 - AFFILIATE > A person engaged in the Automotive or related industry.**
- Section 3 - CORPORATE > An organisation engaged in the Automotive or related industry.**
- Section 4 - GRADED > A person qualified by experience and training, seeking recognition of their technical competence.**

2 Affiliate

To be completed by person engaged in the Automotive or related industry

I declare that I am engaged in activities associated with the automotive or a related industry.

Signature _____ Date _____

3 Corporate

To be completed for organisation engaged in the Automotive Industry

Please tick ONE of the two options for Corporate Membership:

Standard Corporate | **Premium Corporate**

Select Premium Corporate to enjoy all the benefits of membership with the inclusion of an Employment Advice Hotline. An additional cost of \$79 AUD (incl GST) for Premium Services applies over and above Standard Corporate rate.

I declare that the organisation applying for membership is engaged in the automotive or a related industry and I am authorised to make this application on behalf of the organisation.

Name _____ Position _____

Signature _____ Date _____

4

Graded Membership

To be completed by person applying for Graded Membership as a MASTER MEMBER, MEMBER, ASSOCIATE MEMBER OR ASSOCIATE

Please ensure you tick ALL appropriate boxes.

Graded membership can be achieved by undertaking an IAME grading examination **or** by submitting details and copies of all qualifications and certificates you may hold for consideration.

I declare I have _____ years work experience in the Automotive Industry as a Technician in the Division of:

- | | |
|--|--|
| <input type="checkbox"/> Light Vehicle Mechanical Technology | <input type="checkbox"/> Heavy Commercial Vehicle & Trailer Mechanical Technology |
| <input type="checkbox"/> Mobile Plant Mechanical Technology | <input type="checkbox"/> Automotive Air Conditioning, HVAC & Cooling System Technology |
| <input type="checkbox"/> Automotive Underbody Technology | <input type="checkbox"/> Automotive Electrical Technology |
| <input type="checkbox"/> Automotive Glazing Technology | <input type="checkbox"/> Automotive Transmission & Driveline Technology |
| <input type="checkbox"/> Automotive Body Repair Technology | <input type="checkbox"/> Automotive Refinishing Technology |
| <input type="checkbox"/> Automotive Engine Reconditioning | <input type="checkbox"/> Outdoor Power Equipment Technology |
| <input type="checkbox"/> Motor Cycle Mechanical Technology | <input type="checkbox"/> Marine Mechanical Technology |
| <input type="checkbox"/> Automotive Sales & Administration | <input type="checkbox"/> Automotive Training, Assessment & Education |
| <input type="checkbox"/> Automotive Alternative Fuels Technology | <input type="checkbox"/> Motorsport and Performance Enhancement Technology |

Section A	<input type="checkbox"/> Grading by Qualification - Complete Section A only. <i>(No Additional Fee)</i>	
	I request the IAME Council to assess my application based upon the Qualifications which I have listed below and attached copies. <i>i.e. Nationally Recognised Certificate II, III, IV or Office of Fair Trading Motor Vehicle Tradesperson Certificate (OFT MVTC).</i>	
	Certificate Title	Issuing Body
		Date and/or Number <small>(if known)</small>
<input type="checkbox"/> I have attached the necessary copies of Certificates and Qualifications as stated above.		

Section B	<input type="checkbox"/> Grading by Consideration - Complete Section B only. <i>(Additional \$200.00)</i>	
	I request the IAME Council to assess my application based upon the Certificates, documents and information supplied with THIS application form.	
<input type="checkbox"/> I have attached the necessary copies of Certificates, documents and information.		

Section C	<input type="checkbox"/> Grading by Examination - Complete Section C only. <i>(Additional \$350.00 per attempt)</i>	
	I request the IAME Council to assess my application and allocate a grading based upon results of an IAME Examination of the Division ticked above.	

I declare that the information provided and attached to this application is correct and understand that should it be found to be false, inaccurate, or misleading in any way, the IAME Council may withdraw my membership.

Signature _____ Date _____

Mail Completed Application with Payment to:	INSTITUTE OF AUTOMOTIVE MECHANICAL ENGINEERS 11-13 BYRNE STREET, AUBURN NSW 2144		
Amount: \$ _____	<input type="checkbox"/> Cheque / Money Order	<input type="checkbox"/> Capricorn No. _____	
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> American Express Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Card Expiry <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Signature: _____	<input type="checkbox"/> Direct Debit <i>(Form required)</i> <input type="checkbox"/> BPay <i>(Reference Number required)</i> Please ensure your email address is noted on the reserve side of this form as IAME will send further details regarding the above payment		
Office Use Only	Amount Paid: \$ _____	Invoice No: _____	Invoice Date: _____

TERMS AND CONDITIONS: > Membership is ongoing unless written notification of cancellation is received.
> If Membership goes into arrears, The Automotive Engineer Journal, will cease being sent to you until membership is Current.

Victoria Suite 24, Level 2, 541 Blackburn Road Mount Waverley VIC 3149 Phone: (03) 9548 2555 Fax: (03) 9548 2666	Queensland Unit 1/115 Bluestone Circuit Seventeen Mile Rocks QLD 4073 Phone: (07) 3715 7595 Fax: (07) 3715 6632	New South Wales 11 - 13 Byrne Street Auburn NSW 2144 Phone: (02) 96481 412 Fax: (02) 9648 4241	South Australia 58 Alpha Road Prospect SA 5082 Phone: (08) 8342 1444 Fax: (08) 8342 1555	Western Australia 234B Epsom Avenue Belmont WA 6104 Phone: (08) 9478 1642 Fax: (08) 9478 2397
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