



SBAT APPLICATION

School Based Apprentices or Trainees

Membership Number – Office Use Only

1 Applicant Details
To be completed by all applicants

NAME OF APPLICANT _____

POSTAL ADDRESS _____

_____ **POST CODE** _____

CONTACT DETAILS

HOME (_____) _____ **STUDENT ID** _____

WORK (_____) _____ **DATE OF BIRTH** ____ / ____ / ____

MOBILE _____

EMAIL _____

IAME Student Membership Fee Structure:	1 st Year = Free of Charge	2 nd to 4 th Year = Student Concession Fee.
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2 Student
A person undertaking studies leading to a qualification

I declare that the following information related to my application is true and correct.

- Training Provider / College _____
- Date of Commencement at Training Establishment _____
Month / Year
- Date of Commencement at Employment in the Industry _____
Month / Year
- Employment Description (please tick appropriate Division)

<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

Signature _____ Date _____

3 Authority to become a Member

To be completed by Parent/Carer of the student, if the student is under 18 years of age.

NAME OF PARENT/CARER _____

RELATIONSHIP TO STUDENT: Parent Guardian Carer

Other : _____

**PARENT/CARER
CONTACT DETAILS**

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

MOBILE _____

I (Parent/Carer) _____

do hereby give my permission for (Student) _____
to become a student member of the Institute of Automotive Mechanical Engineers (IAME)

Signed: (Parent/Carer) _____ Dated: ____ / ____ / ____

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.

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