



INSTITUTE OF AUTOMOTIVE MECHANICAL ENGINEERS

A.B.N. 57 000 033 992

UNIT 4, 26 FERNDILL STREET, SOUTH GRANVILLE NSW 2142
P: (02) 9648 1412 | F: (02) 9648 4241 | www.iame.com.au

STUDENT APPLICATION

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: | 1st Year = Free of Charge | 2nd to 4th Year = Student Concession Fee.

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.

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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