



INSTITUTE OF AUTOMOTIVE MECHANICAL ENGINEERS

A.B.N. 57 000 033 992

McMillan Industrial Estate, Unit 4, 26 Ferndell Street, South Granville NSW 2142

P: (02) 9648 1412 | F: (02) 9648 4241

www.iame.com.au

STUDENT APPLICATION

1 Applicant Details

To be completed by all applicants

Membership Number – Office Use Only

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 PO Box 10 Greensborough VIC 3088 Phone: (03) 9548 2555	Queensland PO Box 3568 Mount Ommaney QLD 4074 Phone: (07) 3715 7595	New South Wales PO Box 70 Blaxcell NSW 2142 Phone: (02) 9782 1100	South Australia PO Box 104 Enfield Plaza SA 5085 Phone: (08) 8342 1444	Western Australia PO Box 3112 Belmont WA 6104 Phone: (08) 9478 1642
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