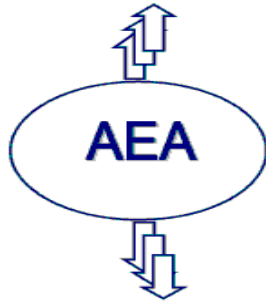


M



**Australian
Elevator
Association
Limited**

APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT (COMPANY OR FIRM NAME) _____

ABN NUMBER _____

STREET ADDRESS _____
Postcode _____

MAILING ADDRESS _____
Postcode _____

ADDRESS CORRESPONDENCE TO [Mr] [Mrs] [Miss] [Ms] [Dr] _____

TELEPHONE No. (_____) _____

FAX No. (_____) _____

MOBILE No. _____

EMAIL _____

WEB SITE _____

In making this application, I/we agree to be bound by the Memorandum and Articles of Association, and all rules, by-laws and other directives issued by the Executive Committee of the Association from time to time.

Signed for and on behalf of the Applicant:

Date:

Subscriptions rates are available on application to the Association and are assessed in July of each year.

**For further details, please contact
The Executive Director
Australian Elevator Association Limited
Post Office Box 481 Rosebery NSW 2018.
Telephone 9662.2144. Fax 9313.6282**