

## Membership Application Form

Surname: Gi	iven Name/s:		
Company Name:			
Address(home):			
Address (business):			
Suburb: State:	. Post Code: Country:		
Phone: Fax:	Mobile:		
Home Phone: E-Mail:			
Number of years as Locksmith:	Number of years in business:		
Category of Membership applied for:			
Full Member (Entitled to use profile) \$295 per annum			
Member	\$295 per annum		
Trade Member	\$295 per annum		
Automotive Member \$295 per annum			
Associate Member	\$170 per annum		
Application Fee	\$121 (non refundable)		
* All AU prices are GST inclusive			
Keyways currently used:			
Trade test/s passed:			
Do you intend to use restricted profile?	YES NO		
Are you willing to sit a trade test if so requ	ired? YES NO		
Do you require training? YES NO			

Have you or Do you belong to	another Locksmiths Organisa	ation?	YES	NO	
If yes please provide details		•••••			
Do you hold any Licences, Red, (Please provide details/copies)		ng with Ch	ildren?	YES	NO
1st Referee:	Phone	e:	• • • • • • • • • • • • • • • • • • • •		
2nd Referee:	Phone	<u>;</u> :			
3rd Referee:	Phone	e:			
Please enclose any copies of T	RADE CERTIFICATES, LICENC	ES and RE	LEVANT I	NFORMA	ATION
the ANZLA is of a true nature a conduct of any inquiry concerr the decision of the ANZLA rega ANZLA under any category I wi laws which may be in force fro Signed:	ning such information. I agreently arding my application. I agree ill accept and abide by the arem time to time.	e to accepe that if or	ot, withounce admit nce admit he associ	ut explan tted to th ation and	ation, ne d by-
	Dated				
Enclosed is a cheque/money o application fee. For Direct Dep	rder for the sum of \$121.00 posit please contact to office	being a no	on-refund umber be	lable elow.	
	Office Use Only				
Received by:		Date:			
Checked by:		Date:			
Committee Checked:		Date:			
Approved:	Date:	Signed	d:		

ANZLA Secretary 70 High St Cranbourne VIC 3977 P: 0488 562 579 F: 03 5996 6823

Comments:

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