



MEMBERSHIP APPLICATION FORM

Name of Organization applying for Membership: _____

Address: _____ _____	City: _____ State: _____ Post Code: _____
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Ownership: _____	Office No.: (____) Fax No.: (____) Email: _____
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Billing Address:	State: _____
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Chief Executive Officer of Organisation:	Person Approved to represent Organisation:
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Nature of business activities:	No of Years Organisation is in business:
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Payment details: Please pay by EFT to: Dive Industry Association of Australia Inc ANZ Bank Forestville BSB# 012289 A/C#484907169	Membership Category Applied for: <input type="checkbox"/> Ordinary (Voting Member) \$250.00 plus GST <small>Note after initial payment of \$250. Membership is \$125ex gst per annum</small> <input type="checkbox"/> Associate Member (Non-voting) \$150.00 plus GST <small>Note after initial payment of \$250. Membership is \$75ex gst per annum</small> <i>(Membership is Annual from 01 July)</i>
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Applicant's name: _____
 Applicant's Signature: _____ date: ____/____/____

Office use only:
 Status of application: *(please circle)* Approved / not approved

Nominated by: _____ Seconded by: _____

Comments: _____

Signed on behalf of DIAA:

_____ / _____ / _____
print name *date* *signature*