



SURFACE COATINGS ASSOCIATION AUSTRALIA

(INCORPORATED IN SOUTH AUSTRALIA)

ABN 83 663 472 596

APPLICATION FOR MEMBERSHIP/TAX INVOICE

Please keep a copy of this tax invoice for your records

Section: (Insert NSW, VIC, QLD, SA or WA)

Title: (Insert Dr, Mr, Mrs, MS)Family Name:

Given Names:

Designations: (Insert B.Sc, etc as normally used):

Employer:

Position:

A. Business Address:

.....Postcode:

Business Telephone:Business Facsimile:

Business E-mail:Mobile Telephone:

B. Private Address:

.....Postcode:

Private Telephone:Private Facsimile:

Private E-mail:Mobile Telephone:

Preferred Address for Communications: (Please tick one box) **A** or **B**

There are 2 pages to this application form. Please complete both.

Qualifications

Date	University or Technical College	Degree, Diploma or Certificate received

Experience

Date	Name of Employer	Position Held

Proposer Name:Signature:

Seconder Name:Signature:

Fees

Entrance Fee for Australian Residents:	\$50.00 + \$5.00 GST = \$55.00 in total
Member Annual Subscription for Australian Residents:	\$155.00 + \$15.50 GST = \$170.50 in total
Total New Membership Fee for Australian Residents:	\$205.00 + 20.50 GST = \$225.50 in total
Entrance Fee for Overseas Residents:	\$50.00 in total
Member Annual Subscription for Overseas Residents:	\$220.00 in total (includes additional postage charges)
Total New Membership Fee for Overseas Residents:	\$270.00 in total

Cheques to be crossed and made payable to "SCAA Inc." or payment can be made by Credit Card by completing the details below. Form becomes a Tax Invoice on receipt of payment, no receipts issued unless specifically requested.

Please complete as much of this form as possible and fax, mail or email with payment to:

SCAA, P.O. Box 563, Toorak, VIC 3142

Fax (03) 9824 0258, E-mail enquiries to: scaa@unite.com.au or Telephone: 1800 803 378

Payment by Card:	VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Bankcard <input type="checkbox"/>	Amex <input type="checkbox"/>	Diners <input type="checkbox"/>
CardNumber: _____ / _____ / _____ / _____ / _____	Expiry: ____ / ____ / ____				
Name on Card:	Cardholder Signature:				

I assent to the objects and agree to be bound by the Rules of the Association, a copy of which is accessible through the Constitution section of "About SCAA" at www.scaa.asn.au.

Signature:Date __ __ / __ __ / __ __ Remittance Paid: \$ _____

Office use only:

Section Chairman:	Section Secretary:		
(signature)	(signature)		
Date submitted:	Date elected:	Membership No.:	Bank reference:

All information supplied to SCAA will be treated as confidential and will not be passed to any outside organization.

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