

## **APPLICATION FOR MEMBERSHIP**

SURNAME:		GIVEN NAME:		
ADDRESS (home):				
WORK PHONE NO:		MOBILE NO:		
EMAIL:		DATE OF BIRTH:		
EMPLOYER:				
EMPLOYER'S ADDRES	S			
DECLARATION BY AF	PPLICANT FOR <u>FULL MEMBER</u>	SHIP:		
	y engaged in, or been respo tick the applicable category)		re of the following facets of lift	
SELECTION	☐ SPECIFICATION	☐ DESIGN	ENGINEERING	
☐ INSPECTION	SUPERVISION OF MAINTENANCE	SUPERVISION OF INSTALLATION		
I have carried out the	ese duties:			
ONA FULL-TIME	BASIS FOR AT LEAST 5 YEAR	S		
☐ ONA PART-TIME	BASIS FOR AT LEAST 7 YEAR	S		
PLEASE STATE DETA	AILS OF YOUR EXPERIENCE:			
	PPLICANT FOR ASSOCIATE MI		of the lift industry.	
	mission to the Lift Engineeri	ng Society of Australia as a	3	
☐ MEMBER /	☐ ASSOCIATE MEN	IBER. (Tick as Appropriate)		
I agree to abide by t	he rules and principles of the	e society.		
SIGNED:		DATE:		
Name of Witness & Ref	eree:	Address (referee):		