



Victorian Construction Materials Laboratories Association Inc

Application for Associate Membership

Name:			
Address:			
City / Suburb:		Postcode:	
Email Address:			
Occupation:			

I desire to become an associate member of the Victorian Construction Materials Laboratories Association, Inc.

I agree that all official correspondence will be forwarded to me via email.

Signature of Applicant: _____

Date of Application: _____

FOR OFFICE USE ONLY

I, _____, a member of the Association, nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer: _____

Date: _____

I, _____, a member of the Association, second the nomination of the applicant, who is personally known to me, for membership of the Association.

Signature of Seconder: _____

Date: _____

Membership Number: _____ Paid by Cheque / Money Order / EFT / Cash Date: _____

Please forward with cheque or money order for \$110.00 (including GST) payable to VCMLA Inc. to:

Victorian Construction Materials Laboratories Association Inc.
PO Box 310
Kilsyth Victoria 3137