

MEMBERSHIP APPLICATION FORM



Please return this form to: NFIA Victoria Inc.
 PO Box 6825
 ST KILDA RD CENTRAL VIC 8008
 Tel: +61 3 9865 8622 Fax: +61 3 9865 8615 www.nfia.com.au

APPLICATION FOR ADMISSION AS A MEMBER

Company: _____

Postal Address: _____

City _____ State: _____ Postcode: _____

Street Address: _____

Representative Main Contact
 Title: _____ Surname: _____ First Names: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Company Type	Please tick as many types as necessary	No. of Emp	Note:	
Sprinklers			**Tradespersons includes: Sprinkler Pipe Fitters, SPF Apprentices, Trades Assistants, Testers, Service Technicians and Fabricators	
Alarms			## Employees includes operatives in the scope of business(i.e. alarm technicians, passive installers)	
Maintenance				
Passive				
Portables				
Training				
Other			Type of Business	
Supplier		N/A	Product Area	

FEES FOR MEMBERSHIP (Applicable to year commencing 1st January 2009)

					Total \$
<input type="checkbox"/>	3 Tradespersons** or less	\$750.00	plus GST \$75.00	=	
<input type="checkbox"/>	4 – 30 tradespersons**	\$310.00	per Person + GST \$31.00	=	
<input type="checkbox"/>	31 plus tradespersons**	\$10,000.00	plus GST \$1,000.00	=	
<input type="checkbox"/>	5 employees## or less	\$750.00	plus GST\$ 75.00	=	
<input type="checkbox"/>	6 plus employees##	\$1,400.00	plus GST \$140.00	=	
<input type="checkbox"/>	Suppliers	\$1,500.00	plus GST \$150.00	=	
<input checked="" type="checkbox"/>	NFIA membership (mandatory)	\$50.00	plus GST \$5.00	=	<u>55.00</u>
	Total:				_____

PAYMENT

I enclose my cheque / money order made payable to: NFIA Victoria Inc

In the event of this application being successful, on behalf of the company, I agree the company will be bound by the Rules of the Association for the time being in force.

Signature: _____

Position: _____ Date: _____