



The Australian Gas Association  
ABN 98 004 206 044

## APPLICATION FOR MEMBERSHIP

### IMPORTANT

- o To be completed in full and by an authorised signatory.
- o Please print or type your responses.
- o You must include full payment (as listed in the AGA Fee Schedule – [www.aga.asn.au](http://www.aga.asn.au))

**Class/Category of Membership:** Full/Certificate Holder  Full/Miscellaneous   
 (Refer [www.aga.asn.au](http://www.aga.asn.au) for clarification)  
 Associate

**Full Name of Legal Entity seeking Membership:** \_\_\_\_\_

ABN: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Nominated Contact for Membership (name):** \_\_\_\_\_

Position Title: \_\_\_\_\_

**Brief description of what your business produces and/or markets:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Declaration

If admitted as a member of the Australian Gas Association, I/we agree to abide by the Constitution of the Australian Gas Association and any Rules, Regulations and/or By-laws made pursuant thereto.

Signature of the Authorised Person: \_\_\_\_\_ Date: / /

### Payment Details

Amount: \$\_\_\_\_\_ Payment Method: Cheque  VISA  MASTERCARD  AMEX

Cardholder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiry Date: / / Cardholder Signature: \_\_\_\_\_

**Office Use:** Legal Name checked  Fee checked  Class/category checked

Application Received: / / Board Review: / /

<b>Board Decision:</b>
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