

AUSTRALIAN CUSTODIAL SERVICES ASSOCIATION LIMITED

(ACSA)

ACN 072 659 619

APPLICATION FOR MEMBERSHIP

.....
(Name of Company/Institution/Organisation)

hereby applies for membership of ACSA.

The company/institution/organisation (select as appropriate) qualifies for:

* Full Membership

* Associate Membership
(select as appropriate)

Please enter the following details in the ACSA Register of Members:

Full Name:

Postal Address:

.....

.....

Telephone No:

Fax. No:

Email:

Nominated Company Representative:

Substitute Company Representative:

If approved as a Member of ACSA the applicant undertakes to

(a) pay the appropriate subscriptions, and

(b) to be bound by the Constitution of ACSA.

Authorised Signature:

Name (block letters):

Position:

Date: