

**Australian Pyrotechnics Association Inc.**  
**Victorian Chapter**

**Membership Form**

**Surname:** \_\_\_\_\_ **Given Name/s:** \_\_\_\_\_

**Company Name [optional]** \_\_\_\_\_

*Please fill in details below.*

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone Number/s:-[ ]** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Fax:- [ ]** \_\_\_\_\_

**Email:-** \_\_\_\_\_ **(please print clearly)**

**Fireworks Licence /permit numbers and states** \_\_\_\_\_

\_\_\_\_\_  
**Type of membership sought (please circle)**

**Associate member \$30.00**

**Full member \$50.00**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office use only: Date joined:** \_\_\_\_\_ **Rec. No.** \_\_\_\_\_

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**AUTHORISATIONS** - *please indicate which option\* is preferred.*

**1. I give / do not give\* permission to list my name and contact number on the APA website as an APA member.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

**2. I give / do not give\* permission for the APA to put my name on a list of APA members, to be given to WorkSafe Victoria or equivalent in other states.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**3. I give / do not give\* permission for the APA to inform insurance companies that I am/ am not a member of the APA.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**4. I want / do not want\* to be listed as being available for display work for other operators in my area.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Area/s** \_\_\_\_\_

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*Please complete the form and return with your membership fee payment for July 2008 - June 2009 to:*

***Australian Pyrotechnics Association Incorporated [APA]***

*Victorian Chapter*

*P.O. Box 395, Hurstbridge, Vic. 3099.*