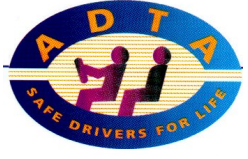


Office Use Only
 Date Received
 Date Paid.....
 Payment Received [] Kit sent []
 Member No..... Web Site []
 Date Posted.....

Australian Driver Trainers Assoc. – Qld (Inc.)
 PO Box 2310
 MANSFIELD BC Q 4122
 Ph: 07 – 3343 2117
 Fax: 07 – 3343 8918



**APPLICATION FOR
 TRANSFER OF MEMBERSHIP TO ADTA-Q FROM _____**
 (STATE)

Please print all information in capitals.

Surname: _____ **Given Names:** _____

Address: _____

_____ **Postcode:** _____

Trainer Accreditation No. _____ **Date Accredited:** _____

Classes:

RE	R	C	CA
LR	MR	HR	HC

Name of your Certificate IV Provider: _____

Telephone: Home _____
 Work _____ **Mobile** _____ **Fax** _____

Email: _____ **Suitability Card No.*** _____

*If you are in the process of applying for a Suitability Card, please indicate above application pending.

I hereby apply for membership of the Australian Driver Trainers Association (Qld) Inc., (ADTA-Q), and agree to abide by the Constitution and Code of Ethics of the Association and I agree not to use any advertising material inferring membership of the ADTA-Q should I resign or become un-financial, nor shall I allow use of such material to be used by any non-member.

Signature of Applicant: _____ **Date:** _____

I do/do not wish to participate in the "Search for a Driving Instructor" section of the ADTA-Q Web Site.
 (please indicate your choice)
 (Applicants wishing to participate will be contacted regarding the details required for this service.)

Please supply me with 2 Free Magnetic Signs for my Training Vehicle: [] Yes [] No
 If this question is left blank we assume that you do not wish to receive magnetic signs.

Fee Schedule: **\$126.50 (for one year)**

Payment Details: Transfer of Membership is complimentary until the end of the current financial year (30 June). A renewal reminder will be sent at this time for your convenience.

Only financial members can access the ADTA (Q) Public Liability and Professional Indemnity Insurance scheme. If you would like to be advised as soon as your name is linked to this insurance please complete the following:

I wish to participate in the insurance scheme and would like an email to: _____ advising me when my membership is ready for me to access this scheme.