Office Use Only
Date Received …….
Date Paid……..
Payment Received [ ] Kit sent [ ]
Member No…….. Web Site [ ]
Date Posted…… Ratified Y/N

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

APPLICATION FOR NEW MEMBERSHIP – ADTA-Q

Please print all information in capitals. *Denotes Mandatory Field

***Surname:**_____ ***Given Names:** _____

***Address:** _____

_____ ***Postcode:** _____

***Trainer Accreditation No.** _____ ***Date Accredited:**_____
(Membership will not be processed unless you are an Accredited Driver Trainer)

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 (Blue 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.

Fees: $126.50 per year

Membership falls due 1 year after joining. For example is you join on 15th July your membership will fall due on 15th July the following year.

Payment Details: Cheque or Money Order payable to ***ADTA – Q Inc.*** enclosed [ ]
or Debit my Credit Card:
Mastercard [ ] *Visa* [ ]

Cardholder's Name: _____

Card Number: |__ |__ |__ |__ | |__ |__ |__ |__ | |__ |__ |__ |_ _| |__ |_ _|__|_ _|

Expiry Date: ____ /____ Signature: _____

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.