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

APPLICATION FOR NEW ASSOCIATE MEMBERSHIP – ADTA-Q

Please print all information in capitals.

Surname:_____**Given Names:** _____

Address: _____

_____**Postcode:** _____

Type of Training Provided. _____

Other Services:_____

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

Email: _____

I hereby apply for associate 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:** _____

Fee Schedule: **$126.50** *Membership will fall due 1 calendar year after joining*

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.