



**International Association of Auto Theft Investigators
Australasian Branch**

ABN 72 348 221 762

MEMBERSHIP APPLICATION

I wish to apply for membership of the Australasian Branch of IAATI. I agree to be bound by the Rules of the Australasian Branch. I declare that I am a fit and proper person to be a member of the International Association of Auto Theft Investigators.

Signature of applicant: Date:

Applicant's Personal Particulars

Title: Surname:

Given names:

Preferred Name:

Occupation Title:

Area(s) of Expertise:

(eg. Investigating – private motor vehicle theft, commercial vehicle theft, forensic examination etc.)

Employer Name:

Employment address:

..... State: Postcode:

Business Phone Number: Business Fax:

Business email:

Home address:

..... State: Postcode:

Home Phone Number: Home Fax:

Home email:

I prefer all correspondence to be sent via my: Home address or Work Address.

(Please tick one box)

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MEMBERSHIP APPLICATION (continued)

Are you a retired/resigned Police Officer ? Yes No

If so, what was your rank on retirement / resignation?

Date of retirement / resignation:

Name of Police Service:

This application must be proposed & seconded by two members of IAATI

I nominate the applicant
for membership of the Australasian Branch of IAATI. I know the applicant as a fit and proper person
to be a member of the Branch.

Signed: Date:

I second the nomination of
for membership of the Australasian Branch of IAATI. I know the applicant as a fit and proper person
to be a member of the Branch.

Signed: Date:

This application will not be considered unless accompanied by the new member application fee*. In
the event this application is unsuccessful the application fee will be refunded. A tax invoice will be
sent to all successful applicants.

Payment

Method of Payment: VISA Mastercard Cheque

Cardholder's name:

Card Number:

Expiry Date: CVV no:

Amount Authorised:

Signature:

Bank Transfer: For direct deposit to our bank account please use:

BSB: 032 761

Account Number: 510060

Please record your first initial and surname in the description field, and send an
email to mpollard@iaati.org to say that you have made your payment.

Please forward the completed application forms to:

IAATI, Australasian Branch
PO Box 71, Collinswood, SA 5081, Australia
Email: mpollard@iaati.org

*As from 1/1/2020 the annual membership is \$90..