

## MEMBERSHIP APPLICATION FORM

### (A) Full Name of Applying Business / Organisation / Individual:

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### (B) Type of business

<input type="checkbox"/> Industry Association	<input type="checkbox"/> Employee Association	<input type="checkbox"/> Employer	<input type="checkbox"/> Employee
<input type="checkbox"/> RTO	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Consultant	<input type="checkbox"/> Individual

### (B) Postal Address:

Address:		
Suburb:	State:	Post Code:

### (C) Nominated Representative:

Full Name:	
Position:	
Email Address:	
Phone Number:	Fax Number:
Mobile:	
Signature:	Date: / /

### (D) Chair/Principal/Individual of Applying Business/Organisation:

We/I hereby apply for membership of the Food, Fibre & Timber Industries Training Council (WA) Inc (FFTITC).	
As Chair/Principal/Individual of the above said Business/Organisation I hereby confirm that the nominated representative (C) has been endorsed to act as our representative if we/I are granted membership of the FFTITC.	
In the event of our membership being accepted, we undertake to uphold the Constitution (G) of the FFTITC.	
Name:	
Signature:	Date: / /

***Please complete page two of this form***

**(E) Please tick the *Division* you request membership of:**

- Primary                       Food & Beverage                       Furnishing & Textiles

**(F) Please tick the *Advisory Groups* you would like to participate in:**

- Animal Care & Management  
 Conservation & Land Management  
 Food & Beverage  
 Furnishing, Forest & Forest Products  
 Horticulture  
 Rural Production  
 Seafood  
 Textiles, Clothing, Footwear & Allied Services

**(G) Constitution:**

In the event of this application being accepted for membership, your organisation and its nominated representative undertake to uphold and observe the Constitution of the Food, Fibre & Timber Industries Training Council (WA) Inc.

A copy of the Constitution is available at [www.ffittrainingcouncil.com.au](http://www.ffittrainingcouncil.com.au).

**(H) FOR INTERNAL USE ONLY**

**Membership Accepted**

Signature - Chair of the Board of Management

Date:        /        /