

# AUSWIND MEMBERSHIP APPLICATION FORM

## Contact Details

<b>Title</b>	<b>Given Name</b>	<b>Family Name</b>
<b>Company Name</b>		<b>Position</b>
<b>Street No and Name</b>		<b>Town</b>
<b>State</b>	<b>Postcode</b>	<b>Country</b>
<b>Telephone (BH)</b>		<b>Facsimile (BH)</b>
<b>Mobile Phone</b>		<b>Telephone (AH)</b>
<b>Website</b>		<b>Email</b>

## Membership Level (Please tick one only)

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Associate       |
| <input type="checkbox"/> | Individual      |
| <input type="checkbox"/> | Small Business  |
| <input type="checkbox"/> | Corporate       |
| <input type="checkbox"/> | Super Corporate |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax completed form to Dina Apostolou on (03) 96023055 or send via post to  
Australian Wind Energy Association  
Att: Dina Apostolou  
Suite 2, Level 6/330 Collins Street  
Melbourne, Vic 3000**