



Window Film Association of ANZ.

PO Box 617, Turrumurra NSW 2074
Tel: 02 9498 5241 Fax: 02 9498 3816

Application for Associate Membership

Company Name: _____ ABN: _____

Trading/Business Name: _____

Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Number of years trading: _____ years

Film Applicator Specifier Related User

Association Representative: _____

Position: _____

I hereby apply for membership of the Window Film Association of Australia and New Zealand.

I and my employees agree to abide by the WFAANZ Code of Practice and Code of Ethics

Name: _____ Signature: _____

Position: _____ Date: _____

The following company personnel to be included in the database for Association information.

Name: _____ Position: _____

Name: _____ Position: _____

ANNUAL MEMBERSHIP (1st July 2006 to 30th June 2007): \$250 plus GST = \$275.00**

**** Prorata billing for those companies that join during the year.**

Office Use Only: Date: Received: _____ Membership Number: _____