

- PO Box 85, Port Kembla NSW 2505

- **ABN 22520652890**

Nominee name:				
Company name:			Position:	
Reg	gistered address:			
City: Telephone:		State:	Postcode:	
		Email:		
Мо	bile:			
	ase indicate which of the follo	owing "activity" best d	escribes your operations. Choose one or more if	
	Producer (Generator /Source)		Processor (e.g. Marketer – refining/value adding)	
	Users (e.g. Construction Mater	rials)	Researcher	
	Consultant		Engineer/Specifier	
	Government Body		Other:	
We	hereby apply to become a:			
	Sustaining Member		Associate Member	
	Full Member			
Des	scribe type of pozzolan and vo	lume your operation <b>լ</b>	produces or use? (annually)	
bo		on for the time being in	nt of our admission as a member, we agree to be force, and nominate the above named as our	
Sig	nature of authorised representat	ive of the applicant	Date	