

The Australian Power Institute Ltd.

Organisation Information

Name of Organisation: _____

Registered Address: _____
Street Address

_____ *City* _____ *State*

Postal Address: _____
Street Address

_____ *City* _____ *State*

Contact Person

Full Name: _____
Last _____ *First* _____ *M.I.*

Title: _____

Mobile Phone: _____ Alternate Phone: _____

Email: _____

Membership Category

Membership Type:

Governor:

Principal:

Industry:

Signature: _____

Please return to: API Membership
Australian power Institute
Endeavor Energy
PO Box 811
Seven Hills
NSW 1730