

Membership Application

This Membership Application is for the consideration by the Board of the Australian Power Institute

Name of Organisation:
Registered Address:
Postal Address:

Contact Person

Name:	
Title:	
Telephone	Fax
Mobile Phone	
Email:	

Membership Category

Governor Principal Industry

Technical interest areas for Australian Power Institute activity

Signature

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Please forward to:
The Company Secretary
Australian Power Institute Ltd
c/- Integral Energy,
PO Box 6366,
Blacktown
NSW 2148