



# THE MINE VENTILATION SOCIETY OF AUSTRALIA

ABN: 648 409 093 51  
 PO Box 530, Welshpool DC, 6986, Western Australia  
 Fax: 61 (8) 9232 3001 E-mail: [admin@mvsaus.org.au](mailto:admin@mvsaus.org.au) Web: [www.mvsaus.org.au](http://www.mvsaus.org.au)

## APPLICATION FORM FOR ADMISSION TO MEMBERSHIP

I,..... (Full Names) ..... (Title) ...../...../.....(Date of Birth)

Apply in terms of the Constitution of the Mine Ventilation Society of Australia for

**Member \$50-00 GST is not Applicable**  
 Email [hhindley@mtvent.com.au](mailto:hhindley@mtvent.com.au) and [treasurer@mvsaus.org](mailto:treasurer@mvsaus.org) to pay electronically

I agree that in the event of my admission to the Society, I will be governed by the Constitution and By-Laws of the Society as they are now formulated or as they may be amended hereafter, and that I will advance the objectives of the Society as far as shall be in my power. I certify that the statements made by me in this application are true.

|                             |  |                |  |
|-----------------------------|--|----------------|--|
| Title                       |  | Company        |  |
| Initials                    |  | ABN Number     |  |
| First name(s)               |  | Operation/Site |  |
| Surname                     |  | Department     |  |
| Drivers License             |  | Position       |  |
| Gender                      |  | Phone: Work    |  |
| Address                     |  | Qualifications |  |
| Postal address              |  |                |  |
| Mobile                      |  |                |  |
| E-mail                      |  |                |  |
| Other Professional Bodies : |  |                |  |

Please Note: Admission to the Society is conditional upon payment of subscription fees, within three months of the date of confirmation of your acceptance by the Council. Furthermore members are responsible to notify the Society of any changes to the details above. Membership payments can be made to:

**Westpac Bank, Mine Ventilation Society of Australia Inc, BSB No: 036 078, Account No. 580572.**

Please use full name as reference for payment.

...../...../.....  
*Signature of Applicant* *Date*

### RECOMMENDATION OF SUPPORTERS

From personal knowledge of the applicant and in consideration of his/her qualifications as stated herein we recommend him/her to the Council of the Society to be admitted as a member

.....  
*Name in Block Letters*

.....  
*Signature*

.....  
*Name in Block Letters*

.....  
*Signature*

*Note: this application must be signed by at least one Member of the Society. Applicants who are unable to produce supporters for geographical or other reasons or who require further information regarding eligibility, should e-mail the Secretary, [admin@mvsaus.org.au](mailto:admin@mvsaus.org.au) attaching this form duly completed as far as possible.*

#### FOR OFFICIAL USE ONLY

Accepted .....  
*On behalf of Council - Print Name* *Signature* *Date*