



INTERNATIONAL ASSOCIATION OF AUTO THEFT INVESTIGATORS

AUSTRALASIAN BRANCH

(ABN 72 348 221 762)

MEMBERSHIP APPLICATION

Iwish to apply for membership of the Australasian Branch of IAATI. I agree to be bound by the Rules of the Australasian Branch. I declare that I am a fit and proper person to be a member of the International Association of Auto Theft Investigators

Signature of applicant: Date:

Applicant's Personal Particulars

Title:..... Surname:

Given names:

Preferred Name: Date of Birth:

Occupation Title:

Area(s) of Expertise:

(eg. Investigating – private motor vehicle theft, commercial vehicle theft, forensic examination etc.)

Employer Name:

Employment address:

..... State: Postcode

Business Phone Number: Business Fax:

Business email:

Home address:

..... State: Postcode

Home Phone Number: Home Fax:

Home email:

I prefer all correspondence to be sent via my: Home address or Work Address

(Please tick one box)

Please Turn Over.

Our Association provides a membership list to current members which includes name, company and contact phone numbers. If you prefer that your details are not published please tick the box:

Are you a retired/resigned Police Officer Yes / No

If so, what was your rank on retirement / resignation?

Date of retirement / resignation

Name of Police Service:

This application must be proposed & seconded by Two members of IAATI

I nominate the applicant
for membership of the Australasian Branch of IAATI. I know the applicant as a fit and proper person to be a member of the Branch.

Signed Date:

I second the nomination of
for membership of the Australasian Branch of IAATI. I know the applicant as a fit and proper person to be a member of the Branch.

Signed Date:

This application will not be considered unless accompanied by the new member application fee of \$70.00 (including GST). In the event this application is unsuccessful the application fee will be returned immediately. A GST receipt will be sent to all successful applicants.

Payment Details

Method of Payment: Cheque / VISA / MASTERCARD (Please circle one)

Name Shown on Credit Card

Card Number Expiry Date

Signature Date Amount

Please send to: Executive Director, IAATI
PO Box 919
Beenleigh
Queensland 4207