## **Membership Application Associate Under 27**

Associate Membership is for persons who are either students or do not have two years practical experience as an Auctioneer or Appraiser and who intend making a career in either or both of the Professions.

To the Secretary, Society of Aug	ctioneers & Appraisers (SA) Inc., 2	2 Greenhill Road. Wavvi	lle SA 5034.
•	as an Associate Member and state	-	
Surname (Mr/Mrs/Ms)	Give	en Names	
Date of Birth	Preferred First Name for Membership	Directory	
Group Name	Compa	any Name	
Address			Postcode
Mailing Address			Postcode
Phone	Fax	Mobile	
Email		Web	
Home Address			Postcode
Phone	Fax		
f	in		
Please provide the names of two Practising, Master, Fellow or Life Members of the Society of Auctioneers & Appraisers (SA) Inc. who are prepared to act as Referees:  Name  Name  If admitted, I agree to be bound by the Constitution and Rules of the Society and to abide by Best Practice Procedures and and the Society a			
decisions therefrom. (Displayed on the website <u>Auctioneers.com.au</u> see – Member Files)			
Signed	Dat	e	
Society Membership entitles corporate forms documentation training including Traineeship	tion, nationally accredited	Joining Fees Membership Fees <b>TOTAL</b>	\$99.00 \$99.00 \$195.00 \$ \$ vrices include GST
	edit Card Authority for Expenses: TAX INVOICE	: ABN: 82 885 149 245	
Credit Card Type (please tick):  ☐ Visa ☐ Amex ☐ Mastercard  Amount: \$	Card No.		
Cardholder's Name	Signature		Expiry Date/
OR Pay by cheque (enclosed) OR Direct debit: BSB 105 011 Account 106 198 240 (Bank SA - UNLEY)			
Please post cheque to: Society of Auctioneers & Appraisers (SA) Inc, 22 Greenhill Road, Wayville SA 5034 or fax to: (08) 8372 7833			