

**MEMBER INFORMATION**

Please print:      Mr / Mrs / Ms      Name .....

Company Name .....

Mailing Address .....

City ..... State ..... Postcode .....

Company Phone ..... Company Fax .....

Email .....

**INDUSTRY SEGMENT**

- |                                                |                                                                    |
|------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Collision Repair Shop | <input type="checkbox"/> Education, Research and Training          |
| <input type="checkbox"/> Vehicle Manufacturer  | <input type="checkbox"/> Equipment, Tools and Supplies             |
| <input type="checkbox"/> Insurance             | <input type="checkbox"/> Related Industry Services (specify) ..... |

**MEMBERSHIP LEVEL**

- ☐ Annual Membership .....\$275
- ☐ Corporate and Sustaining Membership .....(on Application)

Membership of I-CAR will be for a period of one (1) calendar year. Price includes GST.

**METHOD OF PAYMENT**

- ☐ Direct Deposit      ANZ Bank — BSB 014-279 Account 4219 66727
- ☐ MasterCard      ☐ Visa      ☐ AMEX
- Card Number ..... Expiry .....
- Card Holder's Name .....
- Amount to Charge ..... Card Holder's Signature .....

**VOTING REPRESENTATIVE**

- ☐ Same as above      ☐ Other (complete details below)

Mr / Mrs / Ms      Name .....

Address .....

City ..... State ..... Postcode .....

Company Phone ..... Company Fax .....

Email .....