

APPLICATION BY AN ENTERPRISE FOR FULL MEMBERSHIP OF THE FIREWOOD ASSOCIATION of AUSTRALIA INC.

FIREWOOD ASSOCIA	TION OF AUSTRALIA INC.	
	(Enterprise Name)	
of		
(Address of Enterprise)		
ABN:	PHONE:	
FAX:	MOBILE:	
E-MAIL:		
wishes to become a full member of the Fire applies for membership.	wood Association of Australia Inc. and hereby	
If our application is accepted, we agree to b	e bound by the FAA Rules of Association.	
If my/our application is accepted, we agree accordance with the guidelines and restriction Association	to use the relevant FAA logo or mark in ons stated in Appendix 5 of the FAA Rules of	
Signature:		
Date:		
Our nominated representatives for voting at	Association meetings are;	
(Name)		
(Name)		
We understand that only one person may vote on any one resolution.		



APPLICATION BY AN INDIVIDUAL FOR FULL MEMBERSHIP OF THE FIREWOOD ASSOCIATION of AUSTRALIA INC.	
I	
(Name)	
of	
(Name and Address of business)	
ABN: PHONE:	
FAX: MOBILE:	
E-MAIL:	
wish to become a full member of the Firewood Association of Australia Inc. and hereby applies for membership.	
If my application is accepted, I agree to be bound by the FAA Rules of Association.	
If my/our application is accepted, we agree to use the relevant FAA logo or mark in accordance with the guidelines and restrictions stated in Appendix 5 of the FAA Rules of Association	
Signature:	
Date:	