



FIREWOOD ASSOCIATION
OF AUSTRALIA INC™

**APPLICATION FOR ASSOCIATE MEMBERSHIP OF THE
FIREWOOD ASSOCIATION of AUSTRALIA INC.**

(Name or Business Name)

of _____
(Address)

ABN: _____ PHONE: _____

FAX: _____ MOBILE: _____

E-MAIL: _____

wishes to apply to become an associate member of the Firewood Association of Australia Inc.

If my/our application is accepted, I/we 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 4 of the FAA Rules of Association.

Signature: _____

Date: _____

For enterprise applicants

Our nominated representatives are;

(Name)

(Name)

I/we understand that associate members and their nominated representatives are not entitled to hold office or vote at meetings of the Association.

Please mail this form with the Application Fee (\$253 inc GST - a Tax Invoice will be provided) or fax to 03 9611 9080 and pay Application Fee by EFT to:-

Account: Firewood Association of Australia Inc.
BSB: 013 259 Account Number: 495996283