



FIREWOOD ASSOCIATION
OF AUSTRALIA INC™

**APPLICATION FOR AFFILIATE 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 affiliate 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:

Our nominated representatives are;

.....
(Name)

.....
(Name)

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