



**International Association of Auto Theft Investigators  
Australasian Branch**

ABN 72 348 221 762

**MEMBERSHIP APPLICATION**

I ..... wish to apply for membership of the Australasian Branch of IAATI. I agree to be bound by the Rules of the Australasian Branch. I declare that I am a fit and proper person to be a member of the International Association of Auto Theft Investigators.

Signature of applicant: ..... Date: .....

**Applicant's Personal Particulars**

Title: ..... Surname: .....

Given names: .....

Preferred Name: .....

Occupation Title: .....

Area(s) of Expertise: .....

(eg. Investigating – private motor vehicle theft, commercial vehicle theft, forensic examination etc.)

Employer Name: .....

Employment address: .....

..... State: ..... Postcode: .....

Business Phone Number: ..... Business Fax: .....

Business email: .....

Home address: .....

..... State: ..... Postcode: .....

Home Phone Number: ..... Home Fax: .....

Home email: .....

I prefer all correspondence to be sent via my:  Home address or  Work Address.

(Please tick one box)

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## MEMBERSHIP APPLICATION (continued)

Are you a retired/resigned Police Officer ?  Yes  No

If so, what was your rank on retirement / resignation? .....

Date of retirement / resignation: .....

Name of Police Service: .....

### This application must be proposed & seconded by two members of IAATI

I ..... nominate the applicant .....  
for membership of the Australasian Branch of IAATI. I know the applicant as a fit and proper person  
to be a member of the Branch.

Signed: ..... Date: .....

I ..... second the nomination of .....  
for membership of the Australasian Branch of IAATI. I know the applicant as a fit and proper person  
to be a member of the Branch.

Signed: ..... Date: .....

This application will not be considered unless accompanied by the new member application fee\*. In  
the event this application is unsuccessful the application fee will be refunded. A tax invoice will be  
sent to all successful applicants.

### Payment

Method of Payment:  VISA  Mastercard  Cheque

Cardholder's name:

Card Number:

Expiry Date:     CVV no:

Amount Authorised:

Signature:

Bank Transfer: For direct deposit to our bank account please use:

BSB: 032 761

Account Number: 510060

Please record your first initial and surname in the description field, and send an  
email to [warren@forensicserviceswa.com.au](mailto:warren@forensicserviceswa.com.au) to say that you have made your  
payment.

### Please forward the completed application forms to:

IAATI, Australasian Branch

PO Box 547, Collie, WA 6225, Australia

Or email: [warren@forensicserviceswa.com.au](mailto:warren@forensicserviceswa.com.au)

\*As from 1/1/2020 the annual membership is \$90.00 AUD