



**TESTING AND COMMISSIONING ASSOCIATION INC**  
**Registration No. A0049115L**  
**("Association")**

**APPLICATION FOR COMPANY MEMBERSHIP**

**Member Details**

Name of Member Company:	
ABN / ACN:	
Company Mailing Address:	
Company Delivery Address:	
Company Website:	
AMCA Member:	Yes No

Enter the Member Company ("**Applicant**") that is applying to be a member of the Association above.

In applying for membership the Applicant declares that it:

- supports the principal purpose of the Association; and
- is a business in good standing that operates in the building services HVAC industry; and
- has at least one full time employee with previous TAB Training & Certification of senior status at 1<sup>st</sup> January 2020 (List Details of existing Company Certification and provide evidence with this application) and meets any other Certification requirement that the Committee determines from time to time, and
- maintains a full set of instrumentation applicable to each certification; and
- agrees to comply with the Constitution of the Association.

**Representative**

Please select one of the following two options;

The Applicant is a business that is incorporated (e.g. is a company), the Applicant hereby nominates the below person to be its representative and to act on behalf of it in all matters regarding the Association, including without limitation, attend and vote at meetings of the Association.

The Applicant is a business that is unincorporated (e.g. is a sole trader), the Applicant hereby nominates to be identifiable as the Member and exercise all the rights of Membership of the Association.

Prefix	Last Name	Given Name(s)	Preferred Name
Representative/Member Email:			
Representative/Member Mobile:			



### Accounts Contact Details

Contact Name:	
Contact Billing Address:	
Accounts Email Address:	
Accounts Contact Phone:	

### Authorisation

Signature:	
Name of person who is signing on behalf of the Entity:	
Position/title of person who is signing on behalf of the Entity:	
Date of Application:	

**Please email this completed form to [info@taca.org.au](mailto:info@taca.org.au) along with your insurance certificate(s) of currency.**