



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

**APPLICATION FOR AFFILIATE COMPANY**

**Company Details**

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

Enter the Company ("**Applicant**") that is applying to be affiliated with the Association above.

In applying to become affiliated, 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
- agrees to comply with the Constitution of the Association.

**Does the Affiliate Company intend on gaining Company Accreditation in the future?**

Yes No

**Main Contact Person**

If the Company intends on working toward gaining Company Accreditation, this should be the person that will be nominated as their Company Representative.

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:	



**Please nominate up to 10 Staff Members to be included in the Affiliate Membership.**

This can be updated in the future.

	Contact Name:	Email Address:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**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.**