



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

**INDIVIDUAL AFFILIATE APPLICATION**

**Name of Applicant:**

Prefix	Last Name	Given Name(s)	Preferred Name

("Applicant") applies to carry out accreditation with or be affiliated with the Association.

**Applicant Details:**

DOB:	
Residential Address:	
Delivery Address:	
Personal Email:	
Work Email:	
Mobile Phone:	
Landline Phone:	
Job Title:	

**Employer Details:**

Current Employer:	
Employer Address:	
ABN / ACN:	
Branch (if applicable):	
Phone No:	
Website:	



Highest Level of Relevant Education:

Table with 2 columns and 3 rows: Qualification, University/College/School/GED, Date of Completion.

Fees:

Refer to our "Pricing Schedule" for current fees.

Please note that Individual Fees are invoiced and must be paid separately to any company fees.

General Application Fees - On the receipt of your application, we will issue you with an invoice for payment. This fee must be paid in full before your application will be processed. Once the review process is complete, the applicant will receive notification from the Testing and Commissioning Association via email.

Table with 2 columns and 3 rows: Signature, Name of Applicant, Date of Application.

Please email this completed form to info@taca.org.au along with your supporting documents.