



## Membership Application / Renewal Form

Please note this form has **two** pages.

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address Same As Above      **Yes   No**  
(please circle)

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driving School Name: \_\_\_\_\_

Driving School Phone: \_\_\_\_\_

Do you hold a current Driving Instructor Accreditation?      **Yes   No**  
(please circle)

ACT Accreditation Number: \_\_\_\_\_ NSW Accreditation Number: \_\_\_\_\_



Do you specialise or have any extra training in any certain aspect within driver training?  
(i.e. specific language, occupational therapy trained, vehicle modifications)  
If yes, please elaborate below and attach supporting documentation.

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Would you like us to add you to our website to list your business (and any special training, please be advised that special training will only be listed if supporting documentation is supplied)?

**Yes**    **No**  
(please circle)

**Payment:**

Can be made via bank transfer into to following account:

**BSB: 062 922**

**Account No: 10 007 259**

**PLEASE USE YOUR FIRST AND LAST NAME AS REFERENCE**

If you prefer another form of payment, please email us at [adta\\_act@hotmail.com](mailto:adta_act@hotmail.com) to arrange payment via a different form.

Once complete please email completed form along with proof of payment to [adta\\_act@hotmail.com](mailto:adta_act@hotmail.com).

OFFICE USE

Paid Date:

Paid via: