



AUSTRALIAN INSTITUTE OF EMERGENCY SERVICES

**Application for Corporate Affiliation with the
Australian Institute of Emergency Services**

TO: THE GENERAL REGISTRAR

I (Name):
Position in Organisation:
Organisation Name:
Organisation Address:
Postal Address (if different to above)

Hereby apply for admission to the Australian Institute of Emergency Services as a Corporate Member.

Please include details of any Emergency Management component to your organisation or involvement with the
Emergency Services:

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.....

Signed at in the State of
This Day of 20
Witness

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

Fees Paid \$ Receipt No.
Recommended: Date: / /
Entered in Register Date / /
Plaque Issued: Date / /