



# AMT MEMBERSHIP APPLICATION FORM

Complete the text fields in this interactive form and then click the **SUBMIT FORM** button. Open the form in Acrobat Reader. Required fields are indicated with a red border.

**Membership fees are renewable for 1 (\$50.00), 2 (\$90.00), or 3 (\$130.00) year periods.**

First Name:  Surname:

Address:

Phone:  Email:

Company:  RTO #:  Phone:

Training Experience:  Fee Option:

Date:

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If accepted as a member of AMT, I/we hereby agree to be bound by the Code of Practice, ethics and Constitution of AMT, and by any amendments made and to pay membership fees or levies the Association determines. Should your membership application be unsuccessful for any reason, the subscription fee will be returned to you. Application for membership is subject to approval and acceptance by AMT's committee who reserve the right to request further information in consideration of the application.

**Direct Deposit:**  
Details

**ON RECEIPT OF PAYMENT A RECEIPT/TAX INVOICE WILL BE EMAILED TO YOU.**