

AEISG APPLICATION FORM

APPLICANT COMPANY:

ACN:

COMPANY CEO/GM (Australasia):

ADDRESS

OFFICE LOCATION:

POSTAL ADDRESS:

NOMINATED CONTACT NAME:

TELEPHONE CONTACT:

MOBILE:

EMAIL:

BRIEF OUTLINE OF RELEVANT EXPLOSIVES ACTIVITIES, INCLUDING CURRENT OPERATING LOCATIONS:

CURRENT LICENSED ACTIVITIES (Australasia):

ASSOCIATED COMPANIES/BUSINESSES (IF ANY):

CATEGORY OF AEISG MEMBERSHIP
(Please tick):

FULL
ASSOCIATE

APPLICANT NAME (Please print):

DATE:

SIGNATURE:

- Please note:**
1. Companies seeking membership of AEISG acknowledge a commitment to work to the AEISG Constitution, its Codes of Practice and policies.
 2. Please complete the above form and forward to the CEO of AEISG at the contacts below.
 3. Additional information can be attached as considered necessary.