

FURNITURE DESIGNERS ASSOCIATION Inc.

Membership Form

Name.....

Business Name.....

Postal Address.....

.....Postcode.....

Telephone.....Fax.....

Email.....

I would like to receive info. by email only post only email and/or post

I wish to apply for (please tick one)

Full Membership \$60.00 - please list relevant qualifications or send up to 5 images representing your current practice

Qualification.....

Institution.....

Year gained.....No. of years of commercial practice.....

Student Membership \$30.00 - please indicate current course

Course.....

Institution.....

Associate Membership \$60.00 - Please indicate your interest in furniture design

Please include my details on the fda website (use back of form for additional info if needed)

Name Business Name

Practice description.....

Postal Address Street Address Telephone Mobile Fax

email website.....

image (please email to contact@fda.com.au)

I hereby apply for / renew membership of the Furniture Designers Association, and agree to abide by the rules of the Association.

Signature.....Date.....

Please enclose your payment* (cheque or money order) with your application form & send to
FURNITURE DESIGNERS ASSOCIATION Inc.
GPO Box 1918, HOBART 7001

*for direct deposit details contact@fda.com.au

A.B.N. 96 566 548 320