

# ASF Membership Application

Advocacy | Consensus | Education  
Influence



## CONTACT DETAILS

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country (if outside Australia) \_\_\_\_\_

Telephone No ( ) \_\_\_\_\_ Facsimile No ( ) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country (if outside Australia) \_\_\_\_\_

Website \_\_\_\_\_

## PROPOSED NOMINATED REPRESENTATIVE

Name \_\_\_\_\_

Title in Organisation \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Direct Telephone ( ) \_\_\_\_\_ Direct Facsimile ( ) \_\_\_\_\_

Email \_\_\_\_\_

## ANNUAL FEE & PAYMENT DETAILS

Membership fees are payable once the Application for Membership has been approved by the National Committee. The membership year is from 1 July to 30 June.

All enquiries & applications should be directed to:

**The Australian Securitisation Forum Inc (ASF)**. ABN 35 741 845 529

Suite 605, 3 Spring Street Sydney NSW 2000 Telephone: (02) 8243 3900 Facsimile (02) 8243 3939

Email: [ASF@securitisation.com.au](mailto:ASF@securitisation.com.au) Website: [www.australiansecuritisation.com.au](http://www.australiansecuritisation.com.au)

## DECLARATION

The Applicant applies for membership of The Australian Securitisation Forum Inc. for the 2009/2010 subscription year and agrees upon approval of its application:

1. to be bound by the Rules from time to time of The Australian Securitisation Forum Inc. (the '**Rules**') and;
2. to ensure compliance with the Rules by the Application's proposed Nominated Representative.

SIGNED for and on behalf of

\_\_\_\_\_   
*(Insert Firm/Company Name of Applicant)*

by \_\_\_\_\_   
*(First Proposed Nominated Representative)*

Date \_\_\_\_\_

## YOUR AREA OF INTEREST

Please tick appropriate category that best describes your organisation (tick one box)

- |  |  |
|--|--|
| <input type="checkbox"/> Issuer          | <input type="checkbox"/> Insurer                     |
| <input type="checkbox"/> Investment Bank | <input type="checkbox"/> Financial Guarantor         |
| <input type="checkbox"/> Trustee         | <input type="checkbox"/> Law Firm                    |
| <input type="checkbox"/> Rating Agency   | <input type="checkbox"/> Accounting Firm             |
| <input type="checkbox"/> Investor        | <input type="checkbox"/> other (please specify ..... |

**Please summarise the nature of your business**

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