


**APPLICATION FOR MEMBERSHIP TO THE
 TELECOMMUNICATIONS SUB CONTRACTORS ASSOCIATION (TSCA)**

I, the undersigned hereby make application to be admitted as a member of the Telecommunications Sub Contractors Association (TSCA) and undertake to abide by the rules and any amendments thereof, in accordance with the provisions of the rules.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Post to: Telecommunications Sub Contractors Association C/- CWU SA/NT Branch 312 South Road RICHMOND SA 5033 or Fax to: 08 8152 0568	
First Name						
Family Name						
Home Address						
Suburb			State			Post Code
Primary Contractor						
Company Name (Yours)						
Preferred Email Address					Phone / Mobile:	

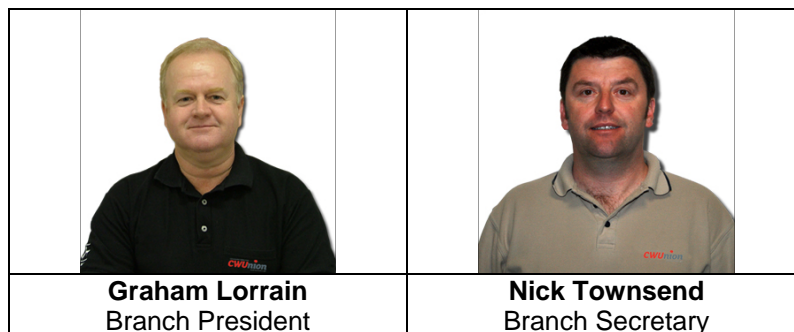
INSURANCE RATE

How to pay	D/Debit from Bank Account \$50.00 every 2 nd fortnight	Credit Card \$50.00 every 2 nd fortnight	Cash Account \$649.80 per annum	Please tick your preferred method of payment in the appropriate box
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature

Date

Please also complete the relevant payment form enclosed



Office enquiries Phone: 08 8443 7389 Fax: 08 8152 0568

