

MEMBERSHIP FORM

— PLUMBING PRODUCTS INDUSTRY GROUP



APPLICATION FORM

Company Name:

Date :

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D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y

ABN/ACN:

Director Name:

APPLICANT/ACCOUNT HOLDER'S NAME

The applicant applies for membership and agrees to abide by the rules of Plumbing Products Industry Group

First Name :

Title : Date Of Birth :
 D D M M Y Y

Full Address :

Postcode :

City / Country :

E-Mail :

Mobile :

Communication Preference : Email Mobile Post

Employee Quantity :

Plumbing Products Industry Group
Unit 6/306 Albert Street, Brunswick, VIC 3056
Phone: +61478097833 | www.ppigroup.com.au | www.ppigroup.co.nz
membership@ppigroup.com.au

THANK YOU FOR YOUR INFORMATION

SPECIAL INTEREST GROUP NOMINATION FORM

Company Name :

Nominates as our representative in the Special Interest Group/s listed below:

Tapware/Showers :

Valves :

Sanitaryware :

Vacuum Drainage :

Domestic Drainage :

Retail,Wholesale & Distribution :

Certification & Laboratories :

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