

NO: _____

**Australian Driver Trainers Association (Victoria) Inc.
APPLICATION FOR MEMBERSHIP**

OFFICE USE ONLY

Ms/Miss/Mr/Mrs

Given Names	Family Name

Address

Suburb

Postcode

Telephone

Home	Business	Email
Facsimile	Mobile	Website

Name of Driving School

What is your Relationship with the Driving School? (Please Tick)

Owner Manager Sub-Contractor Partner Other

For use on our Web Site Instructor Locator – refer www.adtav.org.au

Please circle 1 or 2 areas below where you do most of your training.

\$ 60.00	Joining Fee
\$ 197.00	Annual Subscription
\$ 257.00	Total until 30/06/12
(pro-rata membership rate may apply – refer to www.adtav.org.au for details)	

Outer North Western	North	Outer Eastern	Geelong	
Western	South	Eastern	Peninsula	Regional

Current Driver's Licence No:

Driving Instructor Authority No:

Working with Children Card No:

Car Registration No (any ONE car you wish to be added to Free RACV Roadside Assist):

NOTE: Please attach a photocopy of your Driver's Licence, Driving Instructor Authority and Working with Children Card to this application.

Where did you obtain your qualification?

What type of vehicle do you normally teach in? (Please Tick)

Manual Automatic Both Heavy Vehicle Motorcycle

Which VicRoads Licence Testing Offices do you most often use?

1		3	
2		4	

What year did you first become a Driving Instructor?

What areas of specialisation do you offer? eg aged driver assessment etc

What languages do you speak?

1		3	
2		4	

I declare that I will support and abide by the Australian Driver Trainers Association (Victoria) Inc's Statement of Purposes, Rules of Incorporation, Code of Practice and Vehicle Standards (which may be amended from time to time).

DATE
/ /

SIGNATURE

Please Return this Form with the correct Fee to:-

Australian Driver Trainers Association (Victoria) Inc.
13 Essex Road, Mt Waverley, Victoria, 3149
Telephone: (03) 9809 5777 Facsimile: (03) 9809 5677

OFFICE USE ONLY
DB
P/Letter
Website
KIT