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CONFIDENTIAL

**Application for Individual Membership of
CASTING TECHNOLOGY NEW ZEALAND (INC)**

I hereby make application for individual membership of Casting Technology NZ (Inc).

1. Name: _____
2. Address: _____

3. Telephone: () _____ Facsimile:() _____
4. Email: _____
5. What area of the casting industry are you involved in:
 Iron Casting
 Steel Casting
 Non-Ferrous Casting
 Die Casting
 Supply to the Foundry Industry
 Other (*please stipulate*) _____

I agree to abide by the Constitution and Rules of the Association

Name: _____ (*please print*)

Date: ____/____/____ **Designation:** _____

Signature: _____