



PRE-PURCHASE INSPECTORS REGISTRY APPLICATION FORM

Please complete this form and return with credit card payment.

Name:

Company Name:

Address:

State:

Postcode:

Daytime Contact Telephone Number:

Mobile Number:

Email:

Website:

Area of Expertise:

Builders Licence No / Pest Workcover Licence:

TERMS AND CONDITIONS OF MEMBERSHIP

1. I agree to PPI's membership terms and conditions.
2. I agree to be registered on the PPI Registry website within the areas of expertise I have nominated above.
3. I agree to pay all annual fees upon date of renewal.

PAYMENT



Charge **\$100.00** to: Visa Mastercard (Annual Membership on PPI Registry)

Card Number: Expiry Date: /

APPLICANT DECLARATION

I acknowledge that I have read and understand PPI's Terms and Conditions.

Name:

Date:

Signature: