



Professional Driver Trainers Association (SA) Inc.

New Membership Application Form

2019 - 2020

PLEASE PRINT ALL DETAILS CLEARLY

Name:

Residential Address:Post Code:

Postal Address:Post Code:

Primary Phone Number: Mobile Phone Number:

Gender: ☐ Male ☐ Female ☐ Other (please specify)

Email address:

Web address:

Business Trading Name:

Do you speak / understand languages other than English? ☐ YES ☐ NO (please tick a box)

Please specify:

Do you have a current Senior First Aid Certificate? ☐ YES ☐ NO (please tick a box)

Are you trained for Mandatory Reporting? ☐ YES ☐ NO (please tick a box)

Are you registered for Social Inclusion (APY Lands)? ☐ YES ☐ NO (please tick a box)

Do you have a current TAE & Cert IV (Training Qualification)? ☐ YES ☐ NO (please tick a box)

Have you completed a LLN course (Lang. Lit & Numeracy)? ☐ YES ☐ NO (please tick a box)

What type of transmission do you train in? ☐ Auto ☐ Manual ☐ Both

Are you accredited for CBT? ☐ YES ☐ NO (please tick a box)

What Class of Vehicle are you accredited for?

☐ CAR ☐ LR ☐ MR ☐ HR ☐ HC ☐ MC (please tick relevant boxes)

Do you train for VORT? ☐ YES ☐ NO (please tick a box)

Type of transmission? ☐ Auto ☐ Manual ☐ Both

Are you authorised for VORT? ☐ YES ☐ NO (please tick a box)

What Class of Vehicle are you authorised for?

☐ CAR ☐ LR ☐ MR ☐ HR ☐ HC (please tick relevant boxes)

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Do you teach: ☐ Defensive Driving ☐ 4 Wheel Drive ☐ Elderly ☐ Disabled ☐ Hearing Impaired

☐ Other (please specify)

Do you want your details listed on the PDTA website www.pdtasa.com ? ☐ YES ☐ NO (please tick a box)

Do you want a PDTA Membership Card printed and sent to you? ☐ YES ☐ NO (please tick a box)

As a member of the "Professional Driver Trainers Association (SA) Inc." I agree to comply with the Rules and Code of Conduct of the Professional Driver Trainers Association (SA) Inc. which incorporates the requirements of the Motor Vehicles Act 1959 and Motor Vehicles Regulations 1996. (Copy available on request.)

By signing this form, you authorise the PDTA(SA) to submit your information to the insurer for PI & PL purposes.

***** IT IS YOUR RESPONSIBILITY TO ADVISE THE ASSOCIATION IF ANY OF YOUR DETAILS CHANGE *****

Sign: MVDI No. MVDI Renewal Date:/...../.....

Membership for 2019 – 2020 July 2019 to 30 June 2020 \$ 284.80

Insurance Cover for 2019 – 2020 July 2019 to 30 June 2019 \$ 280.20

Payment Total: \$ 565.00

Payment Options

Please use your surname as the reference when making direct deposit payment

Direct Deposit: People's Choice Credit Union - Professional Driver Trainers Association
BSB: 805 050 Account Number: 02337378

Cheques: Professional Driver Trainers Association
PO Box 781, Stirling SA 5152

EFTPOS: All details will be destroyed once the transaction is complete

☐ Cheque ☐ Money Order ☐ MasterCard ☐ Visa

Name on Card:

Card Number:

Expiry Date: CVV (3 digits): Payment Amount: \$.....

Signature: