



Professional Driver Trainers
Association South Australia

Professional Driver Trainers Association (SA) Inc.

Membership Application Form

2017 - 2018

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? YES NO (please tick a box)

Do you have a current TAE? YES NO (please tick a box)

Have you completed a LLN course? YES NO (please tick a box)

What type of transmission do you train in? Auto Manual Both (please tick a box)

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 (please tick a box)

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.)

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

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

Membership for 2017 – 2018 30 June 2017 to 30 June 2018 \$ 180.00

Insurance Cover for 2017 - 2018 30 June 2017 to 30 June 2018 \$ 299.20

Payment Total: \$ **479.20**

Payment Options

Please use your invoice number as the reference number when making payments

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:

Office use only

Database Website Web SMS QuickBooks PI & PL Insurance Membership Pack

Membership Card Receipt Issued PI & PL cert. issued DPTI Notified on / /