



# APIMAA

Active Pharmaceutical Ingredient  
Manufacturers' Association of Australia

## Membership Application Form

Please complete this form and mail together with any other information you wish to submit in support of your application to:

The Secretary, APIMAA, PO Box 355, Avalon NSW 2107

Company Details			
Company Name		ABN	
Street Address			
Telephone		Fax	
Email		Website	
Mailing Address			
Manufacturing Site Address			

Principal Contact			
Name		Title	
Position			
Telephone		Fax	
Email		Mobile	

Manufacturing Details	
List type of API's manufactured	
Year of first issued GMP licence by TGA Please attach copy of current GMP licence & schedule of conditions	

The Applicant acknowledges that the company will abide by the Rules of the Association if membership is approved.

Signature		Name	
Date		Position	