

Contact

**Address** Suite 1 Level 1, Bld 1,  
20 Bridge St  
Pymble NSW 2073  
**Phone** 02 9160 4736  
**Email** info@wfaanz.org.au  
**Website** www.afti.edu.au  
www.wfaanz.org.au  
  
ABN 83 783 789 769



Office Use Only

Student Login \_\_\_\_\_  
Flat Glass Exam Complete   
Invoiced   
Payment Received   
Entered on Data Base   
Student Enrolled   
Enrolment Email Sent

**Enrolment Application**

**WERS for Film Online Training Course**

Note: The Flat Glass Exam must have been passed prior to enrolling in this course.

**Learner's Details**

Family Name		Given Names	
Preferred Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Email			
Mobile	Phone ( 0 )	Fax ( 0 )	

**Company's Details**

Company Name			
Postal Address			
City	State	P'code	
Phone ( 0 )	Fax ( 0 )		

**Enrolment Details**

I have read, understood and accept all of the contents, terms and conditions detailed in AFTI's Learner's Handbook.  
Yes  No   
If responding electronically learner must type in their name signifying agreement to the above. Printed forms require a signature.

Learners Signature	Date (d/m/yyyy) / /
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**Payment**

**Member Course + Annual Licence - \$ 475.00 (plus \$47.50 GST)**   
WFAANZ Member Number:  
  
**Non Member Course + Annual Licence - \$ 925.00 (plus \$92.50 GST)**

**Party Making Payment** Learner  Employer  Other  (Please name)

**Payment Method** MasterCard  Visa  Cheque  Direct Debit

Credit Card No	Name on Card
Cardholder Signature	Expiry /

**Direct Debit:** WFAANZ Westpac BSB 032 016 A/C No 377634  
Please provide Learner Surname as the Reference and provide remittance advice to WFAANZ at info@wfaanz.org.au

**Enrolment Policy**

Bookings: Enrolments must be accompanied by payment.

How did you learn about the course? Member  Internet  Referral  Business Directory  Other   
Please provide details: