

# Applx Membership Application Form

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## Personal Details

Prefix:

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name/Family Name \_\_\_\_\_

## Residential Address

City \_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

## Contact Information

Mobile Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## ID Proof

*Please mention what ID proof you will be attaching with this form. Kindly attach the scanned copy ID proof along with the scanned copy of this form completely filled.*

ID Proof document \_\_\_\_\_

Signature and date.

\_\_\_\_\_

Send this scanned copy of this form along with your ID proof copy to [info@applx.com.au](mailto:info@applx.com.au)  
Our representative will get back with you and provide you the steps to make the payment.