**DJMIR New Member form**

To ensure we have the correct details on your membership account please provide the details below. Please fill in the details for each service attached to the approved provider and email to admin@djmir.com.au

**Approved Provider Details**

|  |  |
| --- | --- |
| Name  |  |
| Provider Number |  |
| Address |  |
| Phone Number |  |
| Mobile |  |
| Email |  |
| Number of Services  |  |

**Service Details**

|  |  |
| --- | --- |
| Service Name  |  |
| SE Number |  |
| Main Contact |  |
| Email |  |
| Address |  |
| Phone Number |  |
| Mobile |  |
| Approved Places  |  |
| Number of Staff |  |