



ABN: 59 101 292 997

APPLICATION FOR MEMBERSHIP

PLEASE USE BLOCK CAPITALS

1. Registered Name: _____

2. Trading Name (if different): _____

3. Head Office & Contact Details:

Address: _____	Title (e.g. Mr/Mrs etc) _____
Address: _____	First Name: _____
Postal: _____	Surname: _____
Town: _____	Position: _____
State: _____	Telephone: _____
Postcode: _____	Fax: _____
Email: _____	

4. ABN: _____
5. First Formed in AUS: _____

5. Membership Type:

Silver Member
 Gold Member
 Associate Member

7. Registered Office (if different from Head Office)

Address: _____

8. Directors, Partners etc.

Please give details of all Directors,

Title eg Mr/Mrs etc: _____
First Name & Surname: _____
Position in Company: _____

Title eg Mr/Mrs etc: _____
First Name & Surname: _____
Position in Company: _____

Title eg Mr/Mrs etc: _____
First Name & Surname: _____
Position in Company: _____

9. Branch Offices and Contact Details

Line 1: _____ Title (Mr/Mrs etc): _____
Line 2: _____ Name: _____
Line 3: _____ Position: _____
Town: _____ Telephone: _____
State: _____ Postcode: _____ Fax: _____
Email: _____

Line 1: _____ Title (Mr/Mrs etc): _____
Line 2: _____ Name: _____
Line 3: _____ Position: _____
Town: _____ Telephone: _____
State: _____ Postcode: _____ Fax: _____
Email: _____

Line 1: _____ Title (Mr/Mrs etc): _____
Line 2: _____ Name: _____
Line 3: _____ Position: _____
Town: _____ Telephone: _____
State: _____ Postcode: _____ Fax: _____
Email: _____

10. References: Please provide three examples of contracts completed within the last three years. If appropriate, include work for government, local authorities or other public bodies.

Client: _____

Contact Name: _____ Telephone: _____

Address: _____

Project Consultant: _____

Address: _____

Project value (\$): _____ Dates: _____

Contract reference number: _____

Description of works: _____

Client: _____

Contact Name: _____ Telephone: _____

Address: _____

Project Consultant: _____

Address: _____

Project value (\$): _____ Dates: _____

Contract reference number: _____

Description of works: _____

Client: _____

Contact Name: _____ Telephone: _____

Address: _____

Project Consultant: _____

Address: _____

Project value (\$): _____ Dates: _____

Contract reference number: _____

Description of works: _____

11. Associated Companies if Trading to the Public in this Industry

If the company is a member of a group of companies, give name and addresses of the ultimate holding company and associated companies. State the relationship clearly (e.g parent or holding Company, subsidiary, wholly or partly under common control).

Name of associated company: _____

Address: _____

Town: _____ State: _____ Postcode: _____

First/Surname: _____ Position: _____

Telephone: _____ Fax: _____

Name of associated company: _____

Address: _____

Town: _____ State: _____ Postcode: _____

First/Surname: _____ Position: _____

Telephone: _____ Fax: _____

Name of associated company: _____

Address: _____

Town: _____ State: _____ Postcode: _____

First/Surname: _____ Position: _____

Telephone: _____ Fax: _____