

PO Box 1221
 Burwood NSW 1805
 ABN 13 151 464 564
 Phone: 02 9744 5252
 Fax: 02 9747 8366
 Email: office@stormwatervictoria.com.au



Application for Membership 2016-2017

Please select your membership category. All fees are inclusive of GST.	
	New Member Half Year 1st January – 30th June
INDIVIDUAL MEMBERSHIP - <u>1 representative only</u> Includes once only \$33.00 joining fee	<input type="checkbox"/> \$110 (Full year \$220)
CORPORATE MEMBERSHIP - <u>Up to 4 representatives</u> Includes once only \$66.00 joining fee	<input type="checkbox"/> \$396 (Full year \$792)
CORPORATE MEMBERSHIP - <u>Up to 8 representatives</u> Includes once only \$88.00 joining fee	<input type="checkbox"/> \$704 (Full year \$1408)
STUDENT MEMBERSHIP - <u>full time students only</u> Complimentary - no joining fee	<input type="checkbox"/> \$0

Please enter Individual or Primary Corporate/ Student Representative here.			
Title	First name	Initial	Family name
Organisation		Phone	
Address		Mobile	
Suburb	State	Postcode	
Email		Fax	
<i>Industry Segment of Organisation - If more than one, please rank with 1 being the primary activity</i> <input type="checkbox"/> Construction/Installation <input type="checkbox"/> Consulting <input type="checkbox"/> Government - Local <input type="checkbox"/> Government - State <input type="checkbox"/> Development <input type="checkbox"/> Education/Training <input type="checkbox"/> Government Authority <input type="checkbox"/> Manufacturer/Supplier <input type="checkbox"/> Other _____ (please specify)		<i>Representative's Occupation - check one</i> <input type="checkbox"/> Architect <input type="checkbox"/> Engineer _____ (please specify) <input type="checkbox"/> Educator/Researcher <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Planner <input type="checkbox"/> Project Manager <input type="checkbox"/> Scientist <input type="checkbox"/> Surveyor <input type="checkbox"/> Sales and Marketing <input type="checkbox"/> Other _____ (please specify)	
<p><i>I hereby apply for membership of Stormwater Victoria and agree to abide by its rules whilst I am a member. I understand that my membership will be effective from the date at which my application is approved by the Committee and my details are entered into the Membership Register.</i></p> <p>Signature _____ Date ____ / ____ / ____</p>			

Please see over for Additional Corporate Membership Representatives

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Additional Corporate Representatives

Corporate Members are entitled to have 4 or 8 representatives included in the membership data base. Please complete extra copies of this page for additional representatives only.

Title	First name	Initial	Family name
Organisation			BH phone
Address			AH phone
Suburb	State	Postcode	
Email			Mob phone
Fax			
<i>Representative's Occupation - check one</i> <input type="checkbox"/> Architect <input type="checkbox"/> Engineer _____ (please specify) <input type="checkbox"/> Educator/Researcher <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Planner			
<input type="checkbox"/> Project Manager <input type="checkbox"/> Scientist <input type="checkbox"/> Surveyor <input type="checkbox"/> Sales and Marketing <input type="checkbox"/> Other _____ (please specify)			

Title	First name	Initial	Family name
Organisation			BH phone
Address			AH phone
Suburb	State	Postcode	
Email			Mob phone
Fax			
<i>Representative's Occupation - check one</i> <input type="checkbox"/> Architect <input type="checkbox"/> Engineer _____ (please specify) <input type="checkbox"/> Educator/Researcher <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Planner			
<input type="checkbox"/> Project Manager <input type="checkbox"/> Scientist <input type="checkbox"/> Surveyor <input type="checkbox"/> Sales and Marketing <input type="checkbox"/> Other _____ (please specify)			

Title	First name	Initial	Family name
Organisation			BH phone
Address			AH phone
Suburb	State	Postcode	
Email			Mob phone
Fax			
<i>Representative's Occupation - check one</i> <input type="checkbox"/> Architect <input type="checkbox"/> Engineer _____ (please specify) <input type="checkbox"/> Educator/Researcher <input type="checkbox"/> Landscape Architect <input type="checkbox"/> Planner			
<input type="checkbox"/> Project Manager <input type="checkbox"/> Scientist <input type="checkbox"/> Surveyor <input type="checkbox"/> Sales and Marketing <input type="checkbox"/> Other _____ (please specify)			

Return completed membership application to office@stormwatervictoria.com.au