

C/-PO Box 1221  
 Burwood NSW 1805  
 ABN 13 151 464 564  
 Phone: 02 9744 5252  
 Fax: 02 9747 8366  
 Email: [office@stormwatervictoria.com.au](mailto:office@stormwatervictoria.com.au)



## Application for Membership 2020 - 2021

Please select your membership category. All fees are inclusive of GST.	
<b>12 Month membership 01/07/20 – 30/06/21</b>	<b>New Member Full Year</b>
<b>INDIVIDUAL MEMBERSHIP - <u>1 representative only</u></b> Includes once only \$33.00 joining fee	<input type="checkbox"/> \$ 227.00
<b>CORPORATE MEMBERSHIP - <u>Up to 4 representatives</u></b> Includes once only \$66.00 joining fee	<input type="checkbox"/> \$ 886.00
<b>CORPORATE MEMBERSHIP - <u>Up to 8 representatives</u></b> Includes once only \$88.00 joining fee	<input type="checkbox"/> \$ 1,640.00
<b>STUDENT MEMBERSHIP - <u>full time students only</u></b> Complimentary - no joining fee	<input type="checkbox"/> \$0.00

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><b>Signature</b> _____ <b>Date</b> ____ / ____ / ____</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](mailto:office@stormwatervictoria.com.au)**