

PO BOX 1221, BURWOOD NSW 1805 PH: 02 9744 5252 FAX: 02 9747 8366 EMAIL: SIANSW@STORMWATER.ASN.AU

ABN: 96 988 307 922

Application for Membership 2018-2019

Incorporated under the Associations Incorporation Act 1984.

Please select your membership category. All fees are inclusive of GST.							
				New Member Full Year			
INDIVIDUAL MEMBERSHIP - 1 representativ	\$220						
CORPORATE MEMBERSHIP - Up to 4 represe	\$840						
CORPORATE MEMBERSHIP - 5 – 8 represent	\$1540						
STUDENT MEMBERSHIP - full time students	□ so						
No joining fee							
Please enter Individual or Primary Corporate/Council Membership Representative here.							
Title First name	Initial	Family name					
Organisation			Phone				
Address			Mobile				
Suburb State	State Postcode						
Email			Fax				
Industry Segment of Organisation - If more than one, p	Representative's Occupation - check one						
rank with 1 being the primary activity □ Construction/Installation		□ Architect					
		□ Engineer _	please specify)				
□ Consulting		□ Educator/Researcher					
□ Government - Local		☐ Landscape Architect					
□ Government - State		□ Planner					
☐ Development☐ Education/Training☐		□ Project Manager					
□ Government Authority □ Scient			entist				
□ Manufacturer/Supplier □ Surve							
□ Other (please specify)		□ Tradesperson					
	□ Other	Other (please specify)					
I hereby apply for membership of Stormwater NSW and agree to abide by its rules (as detailed at www.siansw.info) whilst I am a member. I understand that my membership will be effective from the date at which my application is approved and my name is entered in the Membership Register.							
Signature Date/							



Title

First name

PO BOX 1221, BURWOOD NSW 1805 PH: 02 9744 5252 FAX: 02 9747 8366 EMAIL: SIANSW@STORMWATER.ASN.AU

ABN: 96 988 307 922

Additional Corporate/Council Representatives

Corporate/Council Members are entitled to have up to four representatives included on the membership database. Please complete the section below for additional representatives only.

Family name

Initial

Organisatio	on			BH phone	
Address				AH phone	
Suburb	State	Postcode		Mob phone	
Email				Fax	
Represe			☐ Project Man.☐ Scientist☐ Surveyor	ager	
□ Educa	tor/Researcher cape Architect		□ Tradesperso □ Other		_(please specify)
Title	First name	Initial	Family name		
Organisatio	on	<u> </u>	1	BH phone	
Address				AH phone	
Suburb	State	Postcode		Mob phone	
Email				Fax	
□ Archit			□ Project Man □ Scientist	ager	
□ Educator/Researcher □		□ Surveyor □ Tradesperson □ Other (please specify)		(please specify)	
Title	First name	Initial	Family name		
Organisatio	on			BH phone	
Address				AH phone	
Suburb	State	Postcode		Mob phone	
Email				Fax	
☐ Archit☐ Engine	ntative's Occupation - check one ect eer (please specify) tor/Researcher	_	□ Project Man □ Scientist □ Surveyor □ Tradesperso		
	cape Architect		□ Other(please specify)		_(please specify)