



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 - <u>1 representative only</u>	<input type="checkbox"/> \$220
CORPORATE MEMBERSHIP - <u>Up to 4 representatives</u>	<input type="checkbox"/> \$840
CORPORATE MEMBERSHIP - <u>5 – 8 representatives</u>	<input type="checkbox"/> \$1540
STUDENT MEMBERSHIP - <u>full time students only</u> No joining fee	<input type="checkbox"/> \$0

Please enter Individual or Primary Corporate/Council Membership 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"/> Tradesperson <input type="checkbox"/> Other _____ (please specify)	
<p>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.</p>			
Signature _____		Date ____ / ____ / ____	

Please see over for Additional Corporate/Council Membership Representatives



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.

Title	First name	Initial	Family name
Organisation			BH phone
Address			AH phone
Suburb	State	Postcode	Mob phone
Email			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"/> Tradesperson <input type="checkbox"/> Other _____ (please specify)	

Title	First name	Initial	Family name
Organisation			BH phone
Address			AH phone
Suburb	State	Postcode	Mob phone
Email			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"/> Tradesperson <input type="checkbox"/> Other _____ (please specify)	

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Organisation			BH phone
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Suburb	State	Postcode	Mob phone
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