

Application for Membership 2020-2021

Incorporated under the *Associations Incorporation Act 1984*.

Please select your membership category. All fees are inclusive of GST.	
12 Month Membership – 01/07/2020 – 30/06/2021	New Member Full Year
INDIVIDUAL MEMBERSHIP - <u>1 Representative only</u>	<input type="checkbox"/> \$220.00
CORPORATE MEMBERSHIP - <u>Up to 4 Representatives</u>	<input type="checkbox"/> \$840.00
CORPORATE MEMBERSHIP – <u>5-8 Representatives</u>	<input type="checkbox"/> \$1,540.00
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

Please see over



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)			

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)			