

Application for 18 Month Membership 2023-2024

Incorporated under the *Associations Incorporation Act 1984*.

Please select your membership category. All fees are inclusive of GST.	
18 Month Membership – 01/01/2023– 30/06/2024	New Member 18 Month
INDIVIDUAL MEMBERSHIP - <u>1 Representative only</u>	<input type="checkbox"/> \$360.00
CORPORATE MEMBERSHIP - <u>Up to 4 Representatives</u>	<input type="checkbox"/> \$1,350.00
CORPORATE MEMBERSHIP – <u>5-8 Representatives</u>	<input type="checkbox"/> \$2,400.00
STUDENT MEMBERSHIP - <u>Undergraduate students only</u>	<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 Members are entitled to have up to 4, 8 or 12 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
Representative's Occupation - check one <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	
Email			Fax
Representative's Occupation - check one <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	
Organi sation	Initial	Family name	
Address			BH phone
Suburb	State	AH phone	
Email	Fax	Postcode	Mob phone
Representative's Occupation - check one <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)

Return completed membership application to admin@stormwatersw.asn.au