

Corporate Membership Application



Applicant Details

Title:	First Names:	Surname:
Preferred Name for Badge:	Date of Birth:	(circle) Male / Female
Postal Address:		
Town / City:	State:	Post Code:
Phone:	Fax:	Mobile:
Qualifications (abbreviate):	Preferred Address: <input type="checkbox"/> Home <input type="checkbox"/> Business	
Preferred E-mail:	Application Type: <input type="checkbox"/> Renewal <input type="checkbox"/> New	

Employer Details

Position Title:		
Employer:		
Postal Address:		
Town / City:	State:	Post Code:
Phone:	Fax:	

Special Interest Areas

Please indicate at least 4 areas of interest or expertise:

<input type="checkbox"/>	Airports	<input type="checkbox"/>	Development Control & Planning	<input type="checkbox"/>	Road Safety
<input type="checkbox"/>	Asset Management	<input type="checkbox"/>	Emergency Management	<input type="checkbox"/>	Rural Engineering
<input type="checkbox"/>	Bridges	<input type="checkbox"/>	Environmental Engineering	<input type="checkbox"/>	Skills Shortages
<input type="checkbox"/>	Buildings & Facility Mgmt	<input type="checkbox"/>	Fleet & Plant Management	<input type="checkbox"/>	Storm Water & Flood Management
<input type="checkbox"/>	Climate Change	<input type="checkbox"/>	International Activities	<input type="checkbox"/>	Traffic & Transport Management
<input type="checkbox"/>	Coastal Engineering	<input type="checkbox"/>	Management Practice	<input type="checkbox"/>	Waste Management
<input type="checkbox"/>	Contract Management	<input type="checkbox"/>	Parks, Landscape, Urban Design	<input type="checkbox"/>	Water & Sewerage
<input type="checkbox"/>	Design Services	<input type="checkbox"/>	Road Construction & Maintenance	<input type="checkbox"/>	Works Management

Membership Application

Corporate Membership (incl GST): Basic Charge \$230
 Member Category (incl GST): Professional \$216 Associate \$108 Under 30 \$108

(Pro-rata by Quarter) Membership applications received after September 2011 will be calculated on a pro-rata basis.

I hereby apply for corporate membership of IPWEA (NSW) Limited. I accept that in becoming a member I will also become a member of the national organisation IPWEA Ltd. I agree to abide by the Constitution and Rules of both Companies if my application is approved.

Signature of Applicant:	Date:
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Payment Options Tax Invoice ABN 35 093 562 602

Payment Method:	<input type="checkbox"/> Credit Card: details below <input type="checkbox"/> Direct Debit Separate Authorisation Form <input type="checkbox"/> Cheque enclosed: [payable to IPWEA (NSW)] <input type="checkbox"/> Please invoice me, OR...	<input type="checkbox"/> Please invoice my Employer. My Employer is nominating me as a Corporate Member representative (min 3 representatives).	Amount Payable: \$ includes GST (Quarterly pro-rata can apply)

Credit Card Details: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Name on Card:
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Card Number:	Expiry: /	Authorised Signature:
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