

C/-PO Box 1221
 Burwood NSW 1805
 ABN 13 151 464 564
 Phone: 02 9744 5252
 Fax: 02 9747 8366
 Email: office@stormwatervictoria.com.au



Application for Membership 2019-2021

| Please select your membership category. All fees are inclusive of GST. | |
|--|--|
| 18 Month membership 01/01/20 – 30/06/21 | New Member 18 Month |
| INDIVIDUAL MEMBERSHIP - <u>1 representative only</u> Includes once only \$33.00 joining fee | <input type="checkbox"/> \$390.00 |
| CORPORATE MEMBERSHIP - <u>Up to 4 representatives</u> Includes once only \$66.00 joining fee | <input type="checkbox"/> \$1,428.00 |
| CORPORATE MEMBERSHIP - <u>Up to 8 representatives</u> Includes once only \$88.00 joining fee | <input type="checkbox"/> \$2,592.00 |
| STUDENT MEMBERSHIP - <u>full time students only</u> Complimentary - no joining fee | <input type="checkbox"/> \$0 |

| Please enter Individual or Primary Corporate/ Student 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"/> Sales and Marketing <input type="checkbox"/> Other _____ (please specify) | |
| <p><i>I hereby apply for membership of Stormwater Victoria and agree to abide by its rules whilst I am a member. I understand that my membership will be effective from the date at which my application is approved by the Committee and my details are entered into the Membership Register.</i></p> <p>Signature _____ Date ____ / ____ / ____</p> | | | |

Please see over for Additional Corporate Membership Representatives

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Additional Corporate Representatives

Corporate Members are entitled to have 4 or 8 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 |
| 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"/> Sales and Marketing <input type="checkbox"/> Other _____ (please specify) | | | |

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

| | | | |
|--|------------|----------|-------------|
| Title | First name | Initial | Family name |
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| Email | | | Mob phone |
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| <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"/> Sales and Marketing <input type="checkbox"/> Other _____ (please specify) | | | |

Return completed membership application to office@stormwatervictoria.com.au