

# Stormwater Industry Association of Queensland Inc.

ABN 49 031 103 834

PO Box 1221 Burwood NSW 1805

email: [siaqld@stormwater.asn.au](mailto:siaqld@stormwater.asn.au)

## 2011 2012 Membership Application/Renewal Form

# YES !

*I want to become a member*

*I want to renew my subscription*

	Renewal Full Year	New Member Full Year	New Member 1/1/11 to 30/6/12
<b>INDIVIDUAL MEMBERSHIP</b>	<input type="checkbox"/> \$165	<input type="checkbox"/> \$200	<input type="checkbox"/> \$120
<b>CORPORATE MEMBERSHIP</b> 4 nominated members	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700	<input type="checkbox"/> \$350
<b>STUDENT MEMBERSHIP</b> - for full time students only	<input type="checkbox"/> \$90	<input type="checkbox"/> \$90	<input type="checkbox"/> \$90

National corporations may apply to join Stormwater Industry Association as *SUSTAINING MEMBERS*.  
More information is available on the SIA web pages at [www.stormwater.asn.au](http://www.stormwater.asn.au)

### All subscription rates and fees are GST inclusive

Please enter details of additional Corporate Membership representatives on reverse side of this form			
Title	First name	Initial	Family name
Organisation		BH phone	
Address		AH phone	
Suburb	State	Postcode	Mob phone
Email			Fax
<b>Industry Segment for Organisation - Check one</b> <input type="checkbox"/> Construction/Installation <input type="checkbox"/> Legal <input type="checkbox"/> Catchment Management <input type="checkbox"/> Development <input type="checkbox"/> Innovative Projects <input type="checkbox"/> Education/Training <input type="checkbox"/> Data & Research <input type="checkbox"/> Products & Technology <input type="checkbox"/> Integrated Water Planning		<b>Applicant's Discipline - check one</b> <input type="checkbox"/> Architect/Landscape Architect <input type="checkbox"/> Construction/Installation <input type="checkbox"/> Engineer (specify) ..... <input type="checkbox"/> Manager (specify) ..... <input type="checkbox"/> Planner <input type="checkbox"/> Science (specify) ..... <input type="checkbox"/> Other (specify) .....	
<b>APPLICATION</b> I hereby apply for membership of Stormwater Industry Association of Queensland Inc. 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 and my name is entered in the Membership Register.			
Signature .....		Date .....	

**Cheques should be made payable to Stormwater Industry Association of Queensland Inc.**

Visa     Mastercard     Bankcard

Amount \$ .....00

Card number: ..... Expiry date: ..... / .....

Name on card ..... Signature..... Date .....

**A tax invoice will be provided by email upon receipt of your application**

**Please see over**

# Stormwater Industry Association of Queensland Inc.

## Additional Corporate Membership Representatives

Title	First name	Initial	Family name
Organisation			BH phone
Address			AH phone
Suburb	State	Postcode	Mob phone
Email			Fax
<b>Applicant's Discipline - check one</b>		<input type="checkbox"/> Manager (specify) ..... <input type="checkbox"/> Planner <input type="checkbox"/> Science (specify) ..... <input type="checkbox"/> Other (specify) .....	
<input type="checkbox"/> Architect/Landscape Architect <input type="checkbox"/> Construction/Installation <input type="checkbox"/> Engineer (specify) .....			

Title	First name	Initial	Family name
Organisation			BH phone
Address			AH phone
Suburb	State	Postcode	Mob phone
Email			Fax
<b>Applicant's Discipline - check one</b>		<input type="checkbox"/> Manager (specify) ..... <input type="checkbox"/> Planner <input type="checkbox"/> Science (specify) ..... <input type="checkbox"/> Other (specify) .....	
<input type="checkbox"/> Architect/Landscape Architect <input type="checkbox"/> Construction/Installation <input type="checkbox"/> Engineer (specify) .....			

Title	First name	Initial	Family name
Organisation			BH phone
Address			AH phone
Suburb	State	Postcode	Mob phone
Email			Fax
<b>Applicant's Discipline - check one</b>		<input type="checkbox"/> Manager (specify) ..... <input type="checkbox"/> Planner <input type="checkbox"/> Science (specify) ..... <input type="checkbox"/> Other (specify) .....	
<input type="checkbox"/> Architect/Landscape Architect <input type="checkbox"/> Construction/Installation <input type="checkbox"/> Engineer (specify) .....			

Details provided by:

.....

Signature ..... Date .....

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