

COMPANY MEMBERSHIP

2016 Membership Application

COMPANY MEMBERSHIP LEVEL (Please tick, prices includes GST)

<input type="checkbox"/> Platinum \$12,100	<input type="checkbox"/> Gold \$6,700	<input type="checkbox"/> Silver \$4,800	<input type="checkbox"/> Bronze \$1,350
MULTISTATE MEMBERSHIP			SINGLE STATE MEMBERSHIP ONLY

COMPANY NAME:		
PRINCIPAL NOMINATED REPRESENTATIVE	FIRST NAME:	LAST NAME:
POSTAL ADDRESS:		
CITY:	STATE:	POSTCODE:
TELEPHONE: ()	FAX: ()	
EMAIL:	MOBILE:	

Use of the Institute logo We wish to use the Institute's logo on our company literature, please email this logo to:	
Name:	Email Address:
Membership recognition and web link Please send a high quality resolution image of your company logo (<i>Platinum, Gold & Silver only</i>) as an email attachment to the following email address for inclusion our Membership recognition activities and website. Please include the preferred url you would like us to link to (<i>Platinum, Gold, Silver and Bronze</i>) Email to: member@concreteinstitute.com.au	

Membership	
<input type="checkbox"/> I enclose a cheque/money order for \$	OR
<input type="checkbox"/> Charge \$ to my credit card:	<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex
Card Number: [][][][] - [][][][] - [][][][] - [][][][]	
Expiry Date: [][] / [][]	CVV or Security No: [][][] OR
<input type="checkbox"/> Request an invoice	
Card Holders Name:	Card Holders Signature:
Name of person to be sent tax invoice/ receipt:	
Email address for tax invoice/receipt:	
APPLICANTS SIGNATURE:	DATE:

Please COMPLETE THE DETAILS OVERLEAF for each allowable nominated Representative Member and return, together with your remittance to:

Concrete Institute of Australia
PO Box 1227
North Sydney, NSW, 2059
Fax: 02 9955 1744
Email: member@concreteinstitute.com.au

NOMINATED REPRESENTATIVE MEMBERS (includes Principal):

Platinum – 25

Gold – 15

Silver – 10

Bronze – 4 (Bronze Representatives must all be from the state in which the Membership is held)

TITLE: <i>Mr Mrs Ms</i> <i>Other.....</i>	FIRST NAME:	LAST NAME:
COMPANY / ORGANISATION:		
POSITION TITLE:		
POSTAL ADDRESS:		
CITY:	STATE:	POSTCODE:
TELEPHONE: ()	FAX: ()	
MOBILE:	EMAIL:	

Educational or Training Background

In relation to you current role, what is your most relevant training (please tick one box only):

- Architecture*
- Building*
- Business Studies*
- Engineering – Civil & Structural*
- Engineering – Other (specify).....*
- Marketing or Sales*
- Materials Science*
- Project Management*
- Science (specify).....*
- Other (specify)*

In what type of organisation do you work?

- Public or Private Company*
- Own Business (Pty Ltd or otherwise)*
- Government Department*
- Industry Association*
- Other (specify)*

Are you in a Management role?

- Business Manager*
- Project Manager*
- Team Leader*
- Not in a Management Role*

What year were you born:

Industry Sector

Which best describes the industry sector in which you currently work (please tick one box only):

- Construction or Contracting**
- Building Construction*
- Civil Engineering Construction*
- Specialist Construction (specify).....*
- Consulting Services**
- Architecture*
- Building*
- Engineering*
- Management*
- Marketing*
- Other (specify)*
- Material Supply**
- Concrete Admixtures*
- Premixed Concrete*
- Cement or Cementitious Materials*
- Aggregates including Quarrying*
- Other (specify)*
- Product Manufacture (including Supply)**
- Precast Concrete Products*
- Bagged or Bulk Cement-based Products*
- Other (specify)*
- Other Industry**
- Education*
- Equipment Manufacture or Supply*
- Research*
- Testing Laboratory*
- Other (specify)*

Please copy this page and fill out the details for each allowable nominated Representative Member