

# ACADEMIC MEMBERSHIP

## 2019 Academic Membership Application

All academic, research and administrative staff in the disciplines of civil/structural engineering, architecture, building, science and construction management are entitled to be nominated as Representative Members under the Academic Membership. Please include details of staff to be included as nominated Representative Members on page two of this application.  
Full-time students enrolled with an Academic Member may apply directly to the Institute for free Student Membership.

<b>ACADEMIC INSTITUTION NAME:</b>		
<b>SCHOOL, DIVISION, DEPARTMENT:</b>		
<b>PRINCIPAL NOMINATED REPRESENTATIVE:</b>		
TITLE:	FIRST NAME:	SURNAME:
POSTAL ADDRESS:		
CITY:	STATE:	POSTCODE:
TELEPHONE: (    )	FAX: (    )	
MOBILE:	EMAIL:	

<b>Membership</b>	
<input type="checkbox"/> I enclose a cheque/money order for \$1,120.00	<b>OR</b>
<input type="checkbox"/> Charge \$ 1,120.00 to my credit card:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Card No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CVV / Security No: <input type="text"/> <input type="text"/> <input type="text"/> <b>OR</b>
<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 receipt:	
<b>APPLICANTS SIGNATURE:</b>	<b>DATE:</b>

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

**Concrete Institute of Australia**  
**PO Box 1227**  
**North Sydney, NSW, 2059**  
**Email: [member@concreteinstitute.com.au](mailto:member@concreteinstitute.com.au)**

**Please copy this page and append it to the application if details of more than 8 individuals are to be supplied.**

Title:	First Name:	
Last Name:		
Position:		
Postal Address:		
Suburb:	State:	Suburb:
PH:		Mob:
Email:		
Year of Birth:		

Title:	First Name:	
Last Name:		
Position:		
Postal Address:		
Suburb:	State:	Suburb:
PH:		Mob:
Email:		
Year of Birth:		

Title:	First Name:	
Last Name:		
Position:		
Postal Address:		
Suburb:	State:	Suburb:
PH:		Mob:
Email:		
Year of Birth:		

Title:	First Name:	
Last Name:		
Position:		
Postal Address:		
Suburb:	State:	Suburb:
PH:		Mob:
Email:		
Year of Birth:		

Title:	First Name:	
Last Name:		
Position:		
Postal Address:		
Suburb:	State:	Suburb:
PH:		Mob:
Email:		
Year of Birth:		

Title:	First Name:	
Last Name:		
Position:		
Postal Address:		
Suburb:	State:	Suburb:
PH:		Mob:
Email:		
Year of Birth:		

Title:	First Name:	
Last Name:		
Position:		
Postal Address:		
Suburb:	State:	Suburb:
PH:		Mob:
Email:		
Year of Birth:		

Title:	First Name:	
Last Name:		
Position:		
Postal Address:		
Suburb:	State:	Suburb:
PH:		Mob:
Email:		
Year of Birth:		