

ASSOCIATION MEMBERSHIP

ASSOCIATION MEMBERSHIP LEVEL (Please tick, prices includes GST)

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Gold \$7,050.00 | <input type="checkbox"/> Silver \$5,050.00 | <input type="checkbox"/> Bronze \$1,480.00 | <input type="checkbox"/> Memorandum of Understanding NO FEE |
|---|---|---|--|

| | | |
|---|--------------------|--------------------|
| ASSOCIATION NAME: | | |
| PRINCIPAL NOMINATED REPRESENTATIVE (Must be a staff member) | | FIRST NAME: |
| | | SURNAME: |
| POSTAL ADDRESS: | | |
| | | |
| | | |
| CITY: | STATE: | POSTCODE: |
| TELEPHONE: () | FAX: () | |
| MOBILE: | EMAIL: | |

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| Use of the Institute's 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 as an email attachment to the following email address for inclusion our Membership recognition activities website. Please also include the preferred url you would like us to link to. Email to: member@concreteinstitute.com.au | |

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|---|---|
| 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: | <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 or Security No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR |
| <input type="checkbox"/> Request an invoice | |
| Card Holders Name: | Card Holders Signature: |
| 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
Email: member@concreteinstitute.com.au

NOMINATED REPRESENTATIVE MEMBERS includes Principal:

Gold - 15 / Silver - 10 / Bronze – 3 / MoU – 1

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

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| TELEPHONE: () | FAX: () | |
| MOBILE: | EMAIL: | |