

# COMPANY MEMBERSHIP

## 2020 Application Form

<input type="checkbox"/> Platinum \$12,600	<input type="checkbox"/> Gold \$7,150	<input type="checkbox"/> Silver \$5,100	<input type="checkbox"/> Bronze \$1,500
<b>MULTI-STATE MEMBERSHIP</b>			<b>SINGLE STATE MEMBERSHIP ONLY</b>

<b>COMPANY NAME:</b>		
<b>PRINCIPAL NOMINATED REPRESENTATIVE</b>		
FIRSTNAME:	SURNAME:	
POSITION:		
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
TELEPHONE:	MOBILE:	
EMAIL:		

We wish to use the Institute's logo on our company literature, please email this logo to:	
Name:	Email:
<b>Membership recognition and web link</b>	
Please send a high quality resolution image of your company logo ( <i>Platinum, Gold &amp; 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: <a href="mailto:member@concreteinstitute.com.au">member@concreteinstitute.com.au</a>	

<b>Payment</b>	
<input type="checkbox"/> I enclose a cheque/money order for \$ .....	<b>OR</b>
<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"/> <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 invoice/receipt:	
<b>APPLICANTS SIGNATURE:</b>	<b>DATE:</b>

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](mailto: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)

<b>COMPANY NAME:</b>		
FIRSTNAME:	SURNAME:	
POSITION:		
POSTAL ADDRESS:		
SUBURB:	STATE:	POSTCODE:
TELEPHONE:	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 of 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 of 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