



INDIVIDUAL MEMBERSHIP

APPLICANT'S NAME:

POSITION:

TRADING NAME:

POSTAL ADDRESS:

SUBURB:

STATE:

POSTCODE:

STREET ADDRESS:

SUBURB:

STATE:

POSTCODE:

PHONE:

FAX:

WEBSITE ADDRESS:

MOBILE:

EMAIL:

INDIVIDUAL MEMBERSHIP

Open to any individual consultant with an interest in the pipeline industry. Employees of a company operating in the pipeline industry will not be accepted as an Individual Member of the Australian Pipelines and Gas Association (APGA) unless the company employing that person is a Full Member of APGA.

Benefits

- Free Copy of *The Australian Pipeliner*
- Free copy of the Directory/Year Book
- Individual Member rates available on all APGA publications and events
- A membership certificate
- Access to the "Members Only" section of the web page
- All relevant information circulars received by Corporate Members

SECTOR please indicate which of the following industry sectors you are primarily working in (please tick **ONLY ONE** box)

Gas Water Oil Slurry

I hereby apply for Individual Membership of the Australian Pipelines and Gas Association and agree to abide by the Company's Constitution and any By-laws set from time to time. Payment for the appropriate portion of the first year's subscription is attached.

SIGNED:

DATE:

SUBSCRIPTION RATES 2014/15 - Membership year 1 July to 30 June

AUSTRALIA
\$ 530.00 Incl GST

INTERNATIONAL
AUD\$ 495.00

Pro rata rates apply if you join part way through the year. Please contact the Secretariat for the relevant fee. All applications received after 15 May 2015 will be issued with an invoice for the 2015/2016 membership fee.

A tax invoice will be issued upon receipt of this application.

PAYMENT

I have transacted an Electronic Funds Transfer to the APGA Account. Reference No:
Bank: Westpac, Branch: Manuka, BSB No: 032 729, Account No: 162756
Swift /ABA/Routing#: WPACAU2S

I enclose my cheque for \$ _____ made payable to Australian Pipelines and Gas Association or APGA

Please debit my credit card \$ _____

Amex Visa MasterCard Diners

CARD NUMBER:

EXPIRY DATE:

CARDHOLDER'S NAME:

SIGNATURE:

PLEASE RETURN COMPLETED FORM WITH PAYMENT TO:

APGA, PO Box 5416, KINGSTON, ACT, 2604

Telephone: (02) 6273 0577 Facsimile: (02) 6273 0588 Email: apga@apga.org.au Website: www.apga.org.au.

ABN: 29 098 754 324 ACN: 098 754 324

Registered Office: 7 National Circuit, Barton, ACT, 2600