

COMPANY MEMBERSHIP

Membership Application

COMPANY MEMBERSHIP LEVEL (Please tick, prices includes GST)

<input type="checkbox"/> Platinum \$12,100	<input type="checkbox"/> Gold \$6,600	<input type="checkbox"/> Silver \$4,600	<input type="checkbox"/> Bronze Plus \$1,950.00	<input type="checkbox"/> Bronze \$920.00
MULTISTATE MEMBERSHIP			SINGLE STATE MEMBERSHIP ONLY	

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

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:
<p>Acknowledgement in <i>Concrete in Australia</i> magazine and web link (Platinum, Gold & Silver only) Please send a high quality resolution image of your company logo as an email attachment to the following email address for inclusion in the <i>Concrete in Australia</i> magazine and on the Members section on the Concrete Institute website. Email to: member@concreteinstitute.com.au</p>	
Editorial support ...	

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"/>
Card Holders Name:	Card Holders Signature:
Email name for tax receipt:	Request an Invoice:
Email address for tax receipt:	

APPLICANTS SIGNATURE:	DATE:
PROPOSER NAME (CIA Member):	
PROPOSER 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 9966 1871

ABN: 25 000 715 453

NOMINATED REPRESENTATIVE MEMBERS includes Principal:

Platinum - 20 Gold - 15 Silver - 10 Bronze Plus - 5 Bronze - 3

TITLE: <i>Mr Mrs Ms Other</i>	FIRST NAME:	SURNAME:
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)*

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