



Membership form 2010/2011

Membership details

Membership type: New member Renewal

Company details

Company name: _____

Trading name: _____ ABN: _____

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Postal address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Mobile: _____ Facsimile: _____

Company email: _____

Company website: _____

Contact: Mr | Mrs | Ms First name: _____ Family name: _____

Membership options

APPLICATION TYPE	ANNUAL FEES
Base Fee – All members (new and renewing)	\$350 \$
HRIA Member offer – New members only. Available to members of the Hire and Rental Industry Association who wish to belong to both Associations (<i>must have less than 10 EWPs and only 1 outlet</i>)	\$150 \$
Additional charges / listings as required	
Additional State listing – Attach full contact details, street & postal address	No. States x \$160 \$
Branch / Information listing – Attach full contact details, street & postal address	No. Branches x \$50 \$
MEMBERSHIP TOTAL \$	

Payment details

Direct Deposit: Westpac Mona Vale BSB: 032 196 Account Number: 13 9093
Cheque: Make cheques payable to EWPA Inc

Credit Card: Please debit my Credit Card for: \$ Card type: VISA MasterCard

Card number: [][][][][][][][][][][][][][][][] Expiry: [m][m]/[y][y]

Cardholders name: _____ Cardholders signature: _____

Membership form 2010/2011 – Continued

Membership category – Indicate which categories you represent

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Rental | <input type="checkbox"/> Supplier / Distributor
Spare Parts, Products, Service Centre | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Trainer | <input type="checkbox"/> Owner / End user | <input type="checkbox"/> Service Provider
IT, Consultant, Legal, OH&S, Govt. |

All about me

Please tell us a little more about yourself and your business: For example: When your business began. What your business involves if it doesn't fit exactly into one of the categories above. What other services you provide. Number of employees. Anything you would like to tell us which might enable the EWPA and members to understand your business and how you conduct business.

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New Membership applicants only

Nominations will be ratified at the next National Executive Committee Meeting.

Nominated by: _____ Company: _____

Seconded by*: _____ Company: _____

* If you are unable to provide someone to Second your application it will be completed by the State President

Declaration

I hereby apply to become / remain a member of the EWPA Inc. In the advent of my admission as a member I agree to be bound by the rules of the Association. I consent to receiving commercial messages by email from the EWPA Inc.

Signed: _____ Date: _____

We use the information in this form to provide you with membership services. We may give this information to our insurers, suppliers, members and related Associations. If you do not provide this information, we may not be able to provide you with a full range of services. We do not trade, rent or sell any information you supply. You can check the information we hold at any time. For more information, ask us for a copy of our privacy policy, or view it on-line at www.ewpa.com.au

OFFICE USE ONLY

Membership #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MYOB:	<input type="checkbox"/>							
Access:	<input type="checkbox"/>							
Webpage:	<input type="checkbox"/>	Login:	<input type="text"/>	Password:	<input type="text"/>			
Email sent:	<input type="text"/>							
Newsletter list:	<input type="text"/>							
DataDot List	<input type="text"/>							
Pack Sent:	<input type="text"/>							