

MEMBERSHIP APPLICATION

Individual



Catalyst to achieving a circular economy

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CONTACT DETAILS

For Corporate Membership Application Forms please visit www.aien.com.au or phone 1300 446 303

Title	Given Name	Surname	
Position			
Organisation			
Postal Address			
City		State	Postcode
Phone ()		Mobile	
Email			

INDUSTRY SECTOR Please select ONE only

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Recycling | <input type="checkbox"/> Academia/Education | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Local Government | <input type="checkbox"/> State Government | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Technology Provider |
| <input type="checkbox"/> Commercial Research | <input type="checkbox"/> Design | <input type="checkbox"/> Other: _____ | |

AREAS OF INTEREST Please tick all that apply

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Building/Construction | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Design | <input type="checkbox"/> Education |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Finance | <input type="checkbox"/> Food/Organics | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Metals | <input type="checkbox"/> Planning | <input type="checkbox"/> Recycling | <input type="checkbox"/> Resource Extraction |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Tourism | <input type="checkbox"/> Logistics | <input type="checkbox"/> Waste Processing |
| <input type="checkbox"/> Other: _____ | | | |

DECLARATION

- I declare that the information contained in this application form is correct and hereby apply to the class of Individual Member of the Australian Industrial Ecology Network. I have read and accept the Terms and Conditions of Membership (see <http://bit.ly/1Oe3Jke>).

Signature

Date

/

/

PAYMENT DETAILS Total amount payable for 12 month membership AUD \$156.50 + GST = \$165

- Please debit my Visa Mastercard AMEX

Card Number

Expiry Date

/

Name on Card

CCV

Signature

- Please send an invoice Memberships will not be activated until payment is received in full

Please send your form by email to info@aien.com.au or post to PO Box 965, Paradise Point QLD 4216. A confirmation and tax invoice will be emailed to you within 10 working days of receipt.