

MEMBERSHIP APPLICATION

Corporate (page 1 of 2)



Corporate Members may nominate multiple representatives to access membership benefits and services, e.g. access to member-only website content and discounted/free attendance at AIEN events.

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

COMPANY DETAILS

Organisation		
Postal Address		
City	State	Postcode

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: _____ | |

NOMINATED REPRESENTATIVE #1 (this will be the primary contact for membership correspondence)

Title	Given Name	Surname
Position		
Phone ()	Mobile	
Email		

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

- On behalf of the organisation listed above, I declare that the information contained in this application form is correct and hereby apply to the class of Corporate 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	/	/
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MEMBERSHIP APPLICATION

Corporate (page 2 of 2)



NOMINATED REPRESENTATIVE #2

Title	Given Name	Surname
Position		
Phone ()	Mobile	
Email		

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: _____ | | | |

NOMINATED REPRESENTATIVE #3

Title	Given Name	Surname
Position		
Phone ()	Mobile	
Email		

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: _____ | | | |

PAYMENT DETAILS Total amount payable for 12 month membership AUD \$1,000 + GST = \$1,100

- 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.