

CONSULT AUSTRALIA MEMBERSHIP APPLICATION FORM

GENERAL INFORMATION

Firm name:		ABN:	
Chief Executive (name):		Email:	
Primary contact (if other than above):		Email:	
Head office address:			
City / suburb:	State:	Postcode:	
Postal address:			
City / suburb:	State:	Postcode:	
Telephone:		Years in operation:	
Does your firm provide consulting services in the built and natural environment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your firm resident in Australia or does it conduct business within Australia?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your firm provide services to clients who are substantially persons other than its owners?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your firm a:	<input type="checkbox"/> Private company	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Other (please specify)	<input type="text"/>	
Are 50% or more of your Principals professionally qualified and a member of an appropriate professional body, or eligible to take out such membership?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PEOPLE

How many staff members do you have in each category below? (Note ALL staff in Australia must be included)

	Administration		Architects		Engineers
	Environmental Scientists		Other Professionals		Other Scientists
	Planners		Project Managers		Quantity Surveyors
	Technical (e.g. drafters, lab staff)		Total number of staff in Australia (total of above)		
			Number of staff overseas (in addition to above)		

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What is the total staff number in each state or territory?

	Australia Capital Territory		Queensland		Victoria
	New South Wales		South Australia		Western Australia
	Northern Territory		Tasmania		

Please provide details for each office, including a designated contact, at the end of this form or as an attached word or excel document.

KEY CONTACTS

Who are the key contacts for your firm in the following areas? (Please provide details)

Title/ role equivalent	Name	Phone	Email
CEO / MD			
CEO Assistant			
CFO / Finance			
Marketing / Comms			
Human Resources			
Legal			
Accounts Payable			

MAXIMISING YOUR ENGAGEMENT

To maximise your engagement with Consult Australia, and to add value across your business, we recommend adding contact details for your staff to our database. This will allow all your employees to stay up-to-date with the latest industry intelligence, policy and legislative changes, and upcoming events in your state or territory.

You may choose to add details for all staff, or provide a more select list. Required information includes first name, last name, job title, office location, phone (direct or switch) and email. These details will not be provided to third parties, and all staff will have the option to opt-out or unsubscribe at any time.

An excel spreadsheet including the required staff details has been included with this form

Yes

No

AREAS OF WORK

What is your firm's main discipline of work? (Tick one only)

<input type="checkbox"/> Architecture	<input type="checkbox"/> Multi-disciplinary	<input type="checkbox"/> Quantity Surveying
<input type="checkbox"/> Engineering	<input type="checkbox"/> Planning	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Environmental	<input type="checkbox"/> Project Management	

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Which of the following work types apply to you?

<input type="checkbox"/> Acoustics	<input type="checkbox"/> Facades	<input type="checkbox"/> Planning & Urban Development
<input type="checkbox"/> Air Quality Monitoring & Assessment	<input type="checkbox"/> Geotechnical Engineering	<input type="checkbox"/> Power & Energy Services
<input type="checkbox"/> Architecture	<input type="checkbox"/> Health & Safety	<input type="checkbox"/> Project Management
<input type="checkbox"/> Asset & Facility Management	<input type="checkbox"/> Information Technology & Communications	<input type="checkbox"/> Quantity Surveying
<input type="checkbox"/> Building Services	<input type="checkbox"/> Interior Design	<input type="checkbox"/> Research
<input type="checkbox"/> Building Information Modeling (BIM)	<input type="checkbox"/> Investigations & Support Services	<input type="checkbox"/> Security Services
<input type="checkbox"/> Business Performance	<input type="checkbox"/> Landscape Architecture	<input type="checkbox"/> Structural Engineering
<input type="checkbox"/> Chemical Engineering	<input type="checkbox"/> Lighting Design	<input type="checkbox"/> Survey & Geographic Information Systems (GIS)
<input type="checkbox"/> Climate Change & Carbon Management	<input type="checkbox"/> Management & Business Development Services	<input type="checkbox"/> Transportation Services
<input type="checkbox"/> Construction Services	<input type="checkbox"/> Materials Handling	<input type="checkbox"/> Waste Management
<input type="checkbox"/> Contaminated Land Management & Remediation	<input type="checkbox"/> Mechanical Engineering	<input type="checkbox"/> Water & Wastewater
<input type="checkbox"/> Electrical Engineering	<input type="checkbox"/> Mining Services	<input type="checkbox"/> Other
<input type="checkbox"/> Environmental Management	<input type="checkbox"/> Oil & Gas Services	

HOW DID YOU HEAR ABOUT CONSULT AUSTRALIA?

<input type="checkbox"/> Previous membership	<input type="checkbox"/> Media
<input type="checkbox"/> Word of mouth/ recommendation	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Direct marketing	<div style="border: 1px solid #ccc; height: 25px; width: 100%;"></div>

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DECLARATION BY APPLICANT

I hereby apply for voting membership of Consult Australia on behalf of my firm.

Name:

Job title:

I declare that to the best of my knowledge and belief, the particulars set out above are correct in all aspects; and

I understand that should my firm be accepted for voting membership of Consult Australia it will be bound by the Consult Australia Code of Ethics and the Terms and Conditions of Membership.

Signature:

Date:

TERMS AND CONDITIONS OF MEMBERSHIP

Membership term: Membership of Consult Australia is Annual (1 July – 30 June) and is paid in a single payment (at 1 July).

New members: New members will be charged a membership fee based on pro-rating of the Annual subscription through to the end of the current financial year in their first year of membership and will then be billed in accordance with the membership term (as above).

Annual renewal: Membership Renewal invoices will be issued in May/June each year with an opportunity offered to members each April/May to update their details prior to invoices being produced. Details may also be updated at any time throughout the year but will not have a prorated effect on the fee.

Resignation: Resignations must be in writing and received 30 days prior to the end of the current membership period however resignations received within 30 days of receipt of the Renewal Invoice will also be accepted. Resignations received outside of this time will be applied to the next annual membership period (i.e. membership will not be pro-rated or refunded). Non payment of membership invoices does not constitute resignation.

Default: If the member defaults in payment of any invoice/account when due, the member shall indemnify Consult Australia from and against all costs and disbursements incurred by Consult Australia in pursuing the debt including legal costs on a Solicitor and own Member basis, including any collection agency costs.

Save the document and email through to Consult Australia.

SUBMIT

MEMBERSHIP APPLICATION PROCEDURE

All applications are subject to approval by the Consult Australia Board, this process take approximately one (1) week.

Note: Consult Australia is committed to handling your personal information in accordance with the Privacy Act. A copy of our Privacy policy and the Consult Australia Code of Ethics can be found on the Consult Australia website at www.consultaustralia.com.au

When completed, please return to:

Consult Australia

GPO Box 56

Sydney NSW 2001

Email: membership@consultaustralia.com.au

Phone: 02 8252 6700

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OFFICE DETAILS

Please complete the below where you have more than one office in Australia.

Office address:		
City / suburb:	State:	Postcode:
Key contact:		Email:

Office address:		
City / suburb:	State:	Postcode:
Key contact:		Email:

Office address:		
City / suburb:	State:	Postcode:
Key contact:		Email:

Office address:		
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