



MEMBERSHIP APPLICATION

refer a **mate** campaign

CONTACT DETAILS

| | | |
|----------------------|--------------|---------------------|
| FIRST NAME* | SURNAME* | DATE OF BIRTH * / / |
| POSITION IN BUSINESS | | |
| COMPANY NAME | TRADING NAME | |
| STREET ADDRESS* | | |
| SUBURB* | STATE* | POSTCODE* |
| PREFERRED MAILING | | |
| SUBURB | STATE | POSTCODE |
| PHONE* () | MOBILE* | FAX |
| EMAIL | WEBSITE | |
| REFEREE'S NAME | MEMBER NO. | CONTACT NO. |

GENERAL BUSINESS INFORMATION

TYPE OF BUSINESS (please X the most applicable)

COMPANY TRUST PARTNERSHIP SOLE TRADER

ABN*

TRADE LICENCE/REGISTRATION NO. (if applicable) EXPIRY DATE / /

REASON FOR JOINING

NATURE OF BUSINESS OR TYPE OF WORK (Please X all applicable)

| | | |
|--|--|--|
| <input type="checkbox"/> AIRCONDITIONING | <input type="checkbox"/> DEVELOPER | <input type="checkbox"/> METAL FABRICATION |
| <input type="checkbox"/> ARCHITECT | <input type="checkbox"/> DRAFTING | <input type="checkbox"/> MAINTENANCE |
| <input type="checkbox"/> BATHROOM DESIGNER | <input type="checkbox"/> ELECTRICIAN | <input type="checkbox"/> PAINTER |
| <input type="checkbox"/> BRICKLAYER | <input type="checkbox"/> EXCAVATOR/EARTHMOVER | <input type="checkbox"/> PLASTERER |
| <input type="checkbox"/> BUILDER | <input type="checkbox"/> FENCING CONTRACTOR | <input type="checkbox"/> PLUMBER |
| <input type="checkbox"/> BUILDING CERTIFIER/HOME BUILDING CONSULTANT | <input type="checkbox"/> FLOORING | <input type="checkbox"/> ROOFER |
| <input type="checkbox"/> BUILDING INSPECTOR | <input type="checkbox"/> GLAZIER | <input type="checkbox"/> STONEMASON |
| <input type="checkbox"/> CABINETMAKER/JOINER | <input type="checkbox"/> KITCHEN, BATHROOM & LAUNDRY RENOVATOR | <input type="checkbox"/> SWIMMING POOL BUILDER |
| <input type="checkbox"/> CARPENTER | <input type="checkbox"/> KITCHEN DESIGNER | <input type="checkbox"/> TILER (WALL & FLOOR) |
| <input type="checkbox"/> CONCRETER | <input type="checkbox"/> LANDSCAPER | <input type="checkbox"/> WATERPROOFING |
| <input type="checkbox"/> DEMOLISHER | <input type="checkbox"/> MANUFACTURER/SUPPLIER | <input type="checkbox"/> OTHER: _____ |

BACKGROUND

1. Have you ever been a HIA member?
- YES NO
2. Within the last 5 years have you or any company you have been a director of been insolvent; bankrupt; under administration; committed a criminal offence or been disqualified by a State licensing or Home Warranty body?
- YES NO



MEMBERSHIP APPLICATION

PRIVACY

From time to time and as part of your membership service, HIA may use your information to:

- Promote your business through various media such as websites, member directories and the like;
- Offer you products and services relevant to your business from both HIA and other commercial providers;
- Send you a commercial electronic message.

If you do not wish to avail yourself of these membership services please contact HIA on 1300 650 620. Otherwise, and except for confirming that you are a HIA member, HIA would not usually disclose this information to any other person without your consent.

PAYMENT DETAILS

MEMBERSHIP APPLICATION FEE

Annual Subscription: \$
 GST \$

Total \$

PAYMENT METHOD (Please X your preferred payment option)

Cash Cheque Credit Card Direct Debit (complete attached form)

PLEASE DEBIT MY Visa Mastercard Diners Amex

CARDHOLDER'S NAME

CREDIT CARD NO. / / /

EXPIRY DATE /

CARDHOLDER'S SIGNATURE

DATE / /

SIGNATURE AND AUTHORISATIONS

The signature below represents and warrants:

- a) That the party signing is an authorised representative of the business
- b) That the information provided is true and correct
- c) That if accepted as a member of HIA, to abide by HIA's Code of Ethics, Constitution and By-Laws
- d) If paying by credit card, you agree to the debit of the credit card as detailed above
- e) If paying by direct debit, you acknowledge having read and understood the terms of conditions governing the debit arrangements between you and HIA Ltd as set out in the Direct Debit Service Agreement.

SIGNATURE(S)

DATE

Membership is not conferred until this application is approved under HIA's Constitution and may be withdrawn pursuant to the same.

OFFICE USE ONLY

MEMBER ID TYPE CATEGORY

SALES PERSON AREA

POST TO

HOUSING INDUSTRY ASSOCIATION LTD, 79 CONSTITUTION AVENUE, CAMPBELL ACT 2612 | T 1300 650 620 | F 1300 655 953 | E enquiry@hia.com.au