



MEMBERSHIP APPLICATION

HOUSING INDUSTRY ASSOCIATION LIMITED (HIA)

MEMBER DETAILS

MEMBERSHIP CATEGORY*

(X only one category)

CORPORATE

Company

Trust

Government

PARTNERSHIP

Partnership

ORDINARY

Sole trader

Teacher

Retiree

Student >

Student ID

Expiry / /

REASON FOR JOINING*

GENERAL BUSINESS INFORMATION

(not required for Student, Teacher, Retiree)

TRADING NAME

COMPANY NAME

(Corporates and Partnerships to use full legal name of entity)

ABN*

ACN* (if a company)

NATURE OF BUSINESS*

(Construction, Property Development, Manufacturing, Carpentry, Electrical, Plumbing, Real Estate, etc.)

ANNUAL TURNOVER* \$

BUSINESS LICENCE (if applicable)

(attach further details if more than one)

EXPIRY DATE / /

WEBSITE

STREET ADDRESS* (not PO Box)

SUBURB*

STATE*

POSTCODE*

POSTAL ADDRESS

SUBURB*

STATE*

POSTCODE*

PHONE* ()

FAX ()

PRIMARY CONTACT DETAILS

(for receiving member services and products)

TITLE (Mr, Mrs, Ms, Miss)

FIRST NAME*

LAST NAME*

JOB TITLE

DATE OF BIRTH* / /

OCCUPATION

OCCUPATIONAL LICENCE (if applicable)

EXPIRY DATE / /

(attach further details if more than one)

POSTAL ADDRESS

SUBURB*

STATE*

POSTCODE*

PHONE* ()

MOBILE*

FAX ()

EMAIL*

MEMBER'S REPRESENTATIVE

(for Corporate and Partnership Members only)

A Corporate or Partnership Member may appoint a Member's Representative for each Region in which it carries on business. As the Member's Representative, this individual exercises rights attaching to membership for voting at meetings and holding office. At any one time only one Representative is eligible to serve on the National Board of Directors, National Policy Congress or any one Regional Executive Committee.

IS THE MEMBER'S REPRESENTATIVE THE SAME AS THE PRIMARY CONTACT?

YES > proceed to the next section

NO > fill in the Member's Representative details below

TITLE (Mr, Mrs, Ms, Miss)

FIRST NAME*

LAST NAME*

JOB TITLE

DATE OF BIRTH* / /

OCCUPATION

STREET ADDRESS*

SUBURB*

STATE*

POSTCODE*

PHONE* ()

MOBILE*

FAX ()

EMAIL*



MEMBERSHIP APPLICATION

HOUSING INDUSTRY ASSOCIATION LIMITED (HIA)

NETWORKS

I would like complimentary access to the:
(X the most applicable)

- HIA BUSINESS PARTNER NETWORK
- HIA KITCHEN, BATHROOMS AND RENOVATIONS NETWORK

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 > please attach full details
- NO

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; and
- offer you products, services and information relevant to your business from both HIA and other commercial providers, in various ways including by electronic messages.

If you do not wish to receive these member services, please contact HIA on 1300 650 620. A copy of HIA's Privacy Policy is available on request, or can be accessed at hia.com.au.

PAYMENT DETAILS

MEMBERSHIP FEE (for amount contact HIA)

Annual Subscription: \$ _____

GST \$ _____

TOTAL \$ _____

PAYMENT METHOD (X your preferred payment option)

- Direct Debit > complete attached Direct Debit Request Form
- Cash
- Cheque
- Credit Card > complete Credit Card details below

PLEASE DEBIT MY	
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
<input type="checkbox"/> Diners	<input type="checkbox"/> Amex
CARDHOLDER'S NAME	

CREDIT CARD NUMBER	EXPIRY DATE
____/____/____/____/____/____	____/____
CARDHOLDER'S SIGNATURE	

DATE / /	

PLEASE NOTE

- HIA membership is offered only on a whole year basis regardless of payment method, and is renewable annually on the anniversary of the month in which you become a Member. If you resign before that anniversary, no refund is payable, and if you pay monthly by direct debit, your account will immediately be debited an exit fee equivalent to the membership fees payable for the remaining period up to the anniversary.
- HIA supplies Members with access to its annual financial, directors and auditors reports online. If you do not have access to the internet or would prefer to receive a hard copy of the report, please contact HIA on 1300 650 620.
- Housing Industry Association Limited is a non-profit public company limited by guarantee. The liability of every Member is limited to twenty dollars.

DECLARATION AND SIGNATURE

I, the person whose signature appears below, warrant that:

- a) I am an authorised representative of the business.
- b) The information provided is true and correct.
- c) If accepted as a Member of HIA, the business will abide by HIA's Constitution, By-Laws and National Code of Ethics, and not engage in any activity which might bring HIA or its Members into disrepute.
- d) If paying by credit card, I agree to the debit of the credit card as detailed.
- e) If paying by direct debit, I acknowledge having read and understood the terms of conditions governing the debit arrangements between myself and HIA Ltd as set out in the Direct Debit Request Form.

SIGNATURE

DATE / /

NAME OF SIGNATORY

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

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

OFFICE USE ONLY

16/03/15

MEMBER ID _____ TYPE _____ TIER _____

BUSINESS TYPE _____

BUSINESS SUB-TYPE _____

OF STARTS _____ # OF EMPLOYEES _____

OF CONTRACTORS _____ BDR _____

STRUCTURE _____ CONCESSION TYPE _____