



# REQUEST TO CHANGE MEMBERSHIP DETAILS

CHANGE OF:  MEMBER NAME  CONTACT DETAILS  MEMBER'S REPRESENTATIVE  
(please X the most applicable) (voting rights)

HIA MEMBER NUMBER

## CHANGE TO MEMBER CONTACT DETAILS

### CHANGE MAIN CONTACT PERSON

TITLE  MR  MRS  MS  MISS  OTHER

OTHER FIRST NAME\*

SURNAME\*

### CHANGE CONTACT DETAILS

STREET ADDRESS

SUBURB

STATE

POSTCODE

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

PHONE ( )

MOBILE

FAX

EMAIL

WEBSITE

## CHANGE OF LICENCE/ REGISTRATION NUMBERS

TRADE LICENCE/REGISTRATION NO\*

EXPIRY DATE\* / /

CHANGE OF TYPE/CATEGORY  
FROM

TO

SUPPORTING EXPLANATION

## CHANGE TO MEMBER REPRESENTATIVE

FORMER REPRESENTATIVE

NEW REPRESENTATIVE

## CHANGE OF MEMBER BUSINESS OR TRADING NAME\*

CURRENT BUSINESS/TRADING NAME

CURRENT COMPANY NAME

(\*Please attach a listing of company directors – names & addresses)

CURRENT ACN/ABN

NEW COMPANY/BUSINESS/TRADING NAME

(\*Please attach a listing of company directors – names & addresses | \* Note transfers of HIA membership are not permitted)

NEW ACN/ABN

SUPPORTING EXPLANATION (attach additional documentation if necessary)

## BACKGROUND

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 (if yes, please attach details)

NO

## DECLARATION/SIGNATURE

I confirm and declare that

1. The information provided is true and correct.
2. I am an authorised representative of the business.
3. I agree to continue to abide by HIA's Code of Ethics, Constitution and By-Laws.

SIGNATURE OF APPLICANT

DATE

/

/

NAME OF APPLICANT

POSITION IN BUSINESS

POST TO HOUSING INDUSTRY ASSOCIATION LTD, 79 CONSTITUTION AVENUE, CAMPBELL ACT 2612  
T 1300 650 620 | F 02 6248 7294 or 02 6257 4141 | E membership@hia.com.au

ABN 99 004 631 752