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## Application for Membership

### 1. CONTACT PERSON/S:

MR/ MRS/ MS/ OTHER: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

POSITION/ TITLE IN COMPANY/ BUSINESS \_\_\_\_\_

BUSINESS PARTNERS: \_\_\_\_\_

### 2. COMPANY DETAILS:

COMPANY NAME: \_\_\_\_\_

TRADING AS: \_\_\_\_\_

ABN: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

POSTAL ADDRESS: (If different from business address) \_\_\_\_\_

POST CODE: \_\_\_\_\_

### 3. CONTACT DETAILS:

TEL (BUS): \_\_\_\_\_ (HOME): \_\_\_\_\_

FAX (BUS): \_\_\_\_\_ (HOME): \_\_\_\_\_

MOBILE 1: NAME: \_\_\_\_\_ (NUMBER): \_\_\_\_\_

MOBILE 2: NAME: \_\_\_\_\_ (NUMBER): \_\_\_\_\_

MOBILE 3: NAME: \_\_\_\_\_ (NUMBER): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

### 4. BUILDING SERVICES AUTHORITY (BSA):

(Note: Queensland Law dictates that any landscaper doing structural work in excess of \$3,300 must hold a BSA licence.)

BSA NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

LICENCE CLASSIFICATION: \_\_\_\_\_

### 5. NATURE OF BUSINESS: (Tick the box/es that apply to your application)

CONTRACTOR:  MAINTENANCE:  SUPPLIER:

MANUFACTURER:  ASSOCIATE:  PROFESSIONAL:

STUDENT/ APPRENTICE:  OTHER:

**6. BACKGROUND:**

Within the last five years, have you or any company you have been a director of, been bankrupt, in receivership, committed a criminal offence or been disqualified by a state licensing or home warranty body?

No:  Yes:  (If yes, please provide full details): \_\_\_\_\_

**7. DECLARATION:**

I confirm that the information provided above is true and correct and I agree, if accepted as a member, to abide by Landscape Queensland Industries Inc. Code of Ethics and Articles of Association.

APPLICANT SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

LQII REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

**8. PAYMENT DETAILS:**

**Joining Fee \$**.....

**Membership Fee \$**.....

**TOTAL \$**.....

**Payment Method:**

**Cash**

**Cheque**

Cheque Number: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch \_\_\_\_\_

**Credit Card**  Card Type (*please circle*): MasterCard / Visa

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy policy**

**Landscape Queensland Industries Inc.** understands that your privacy is important to you. The sole purpose of collecting this information is to properly assess your application for membership, perform the normal activities and maintain the integrity of the Association. Your information will be used in legal, fair and ethical ways by Membership Committee and will not be passed onto third parties.

The opportunity is always available to access your information held by **Landscape Queensland Industries Inc.** who will promptly correct any inaccuracies that are provided in writing. False information provided will result in cancellation of membership.

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| <p><b>OFFICE USE ONLY:</b></p> <p>MEMBERSHIP NUMBER: _____</p> <p>ACCEPTANCE DATE: _____</p> <p>COMMENTS/ ACTION REQUIRED: _____</p> <p>_____</p> |
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