

APPLICATION FOR MEMBERSHIP

Ph 1300 883 966 www.landscapequeensland.com.au
PO Box 245, Geebung QLD 4034 ABN 92 439 102 270



APPLICANT DETAILS

Name of Individual or Company:

Trading Name (if applicable):

ABN:

ADDRESS DETAILS (ALL APPLICANTS) (Please supply your email address so you can receive up-to-date information)

Postal Address:

Postcode:

Street Address:

Postcode:

Business Telephone:

Mobile:

Email:

Website:

Facebook:

Instagram:

DIRECTOR'S / PARTNER'S / KEY PERSONNEL'S DETAILS – Please state full name/s and contact details (please tick appropriate box)

Partners (for Partnerships):

Directors (for Companies):

Other Key Personnel :

Name (in Full):

Position / Title:

Email Address:

Mobile Number:

NATURE OF BUSINESS (Tick the box / es applicable)

A.	Commercial:	%	Residential:	%	Environmental	%
B.	Contractor: 1 – 5 employees	<input type="checkbox"/>	6 – 15 employees	<input type="checkbox"/>	16+ employees	<input type="checkbox"/>
	Supplier: Turnover <\$2M	<input type="checkbox"/>	Turnover \$2M - \$5M	<input type="checkbox"/>	Turnover > \$5M	<input type="checkbox"/>
	Student / Employee	<input type="checkbox"/>	Name of Training Organisation / Employer:			
C.	Structural Landscaping	<input type="checkbox"/>	Horticultural Services	<input type="checkbox"/>	Tree Services	<input type="checkbox"/>
	Garden Maintenance	<input type="checkbox"/>	Pool Builder	<input type="checkbox"/>	Landscape Supplies	<input type="checkbox"/>
	Turf Supplies	<input type="checkbox"/>	Nursery Supplies	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Professional Services	<input type="checkbox"/>	Design	<input type="checkbox"/>	Government Department	

QUEENSLAND BUILDING & CONSTRUCTION COMMISSION (QBCC) (Note Queensland law dictates that any landscaper doing work in excess of \$3,300 must hold a QBCC Licence)

QBCC Licence Number:

Licence Type:

Expiry Date:

Individual Date of Birth:

NOMINATED SUPERVISOR'S DETAILS (If Company)

QBCC Licence Number:

Licence Type:

Expiry Date:

Individual Date of Birth:

WORKCOVER & INSURANCE DETAILS

WorkCover Policy Number:

Expiry Date:

Public Liability Insurer:

Policy Value (\$):

Policy Expiry Date:

Policy Number:

Professional Indemnity Insurer:

Policy Value (\$):

Policy Expiry Date:

Policy Number:

HELP ME GAIN THE MOST OUT OF MY MEMBERSHIP BY PROVIDING ME WITH INFORMATION ABOUT:

Employer Obligations (HR) <input type="checkbox"/>	Workplace Health & Safety <input type="checkbox"/>	Help Getting Paid <input type="checkbox"/>	Insurance <input type="checkbox"/>	Business Automation, Marketing, Cashflow <input type="checkbox"/>
Licensing Requirements <input type="checkbox"/>	Vehicle / Equipment Finance <input type="checkbox"/>	Contracts <input type="checkbox"/>	Sponsorship <input type="checkbox"/>	Discounted Building Materials <input type="checkbox"/>

WHERE DID YOU HEAR ABOUT US?

Website Social Media Magazine Industry Event LQ Member Referral: (Print Name)

Other:

LICENCE & DISPUTE HISTORY (All Applicants)

1. Have you, or in the case of a company or partnership, the directors or partners, ever been refused an application for, or been disqualified from holding a licence under any Act, ordinance, regulation or by-law associated with the building industry? Yes* No
2. Have you or the company ever been directed under the Queensland Building and Construction Act to rectify defective building work? Yes* No
3. Have you or the company ever been involved in arbitration, litigation, or the building tribunal relative to a building dispute? Yes* No

* If YES, please provide details on a separate sheet.

FINANCIAL DETAILS (All Applicants)

1. Have you, or in the case of a company or partnership, the directors or partners, ever been declared bankrupt, or assigned your estate, or entered into a deed of composition or arrangement with your creditors? Yes* No
2. Have you, or in the case of a company or partnership, the directors or partners, ever been a director or manager of a company which, at the time, or within the last 12 months, was placed into receivership, under official management, or under scheme of arrangement? Yes* No

PAYMENT DETAILS – See our [website](#) for membership category fees (landscapequeensland.com.au)

Joining Fee (incl. GST): \$110.00 Membership Fee (incl. GST) \$ **TOTAL** \$

PAYMENT METHOD (Please phone Landscape Queensland on 1300 883 966)

Payment Method: Direct Deposit: Mastercard: Visa: EziDebit (Authority Required): Total Amount Due: \$

Card No: CVC: Expiry Date: /

Name on Card: Signature:

Direct Deposit Details: Landscape Queensland Industries Association BSB: 0 3 4 - 0 5 1 Account No. 1 3 4 - 6 3 7

DECLARATION

I / we wish to become a member of Landscape Queensland Industries Association Incorporated.

I / we, the applicant / s, hereby certify that to the best of my / our knowledge and belief, the information supplied herein is true and correct in every particular. I / we agree, if membership of Landscape Queensland is granted, to be bound by the Association's Constitution and Rules, its Code of Ethics and Articles of Association and any industry Code of Practice endorsed by the Association.

I / we further understand that I / we may resign from membership upon submission of written notification.

PRIVACY STATEMENT

I / we understand and accept:

- Landscape Queensland is committed to protecting the privacy and security of personal information that I have provided in this application form.
- The information I provide is necessary to process my registration, which may include updating Landscape Queensland's records from time to time. The information will be used to contact me via phone, fax, direct mail, email or SMS in the event of: cancellation of membership, to conduct analysis or market research, marketing approaches, to identify the ongoing needs of Landscape Queensland members and registrants, provide me with access to information about a range of current and future professional development issues and associated events administered by Landscape Queensland.
- By signing this application form I consent to Landscape Queensland passing personal information about me to third parties, including the facilitating of marketing approaches by or on behalf of businesses listed on the Landscape Queensland website. I may request not to receive marketing material from Landscape Queensland or a third party by ticking the box below.

Please tick to opt out of any Landscape Queensland marketing.

Please tick to opt out of any third party marketing.

PRIVACY POLICY

For more information, please refer to Landscape Queensland's Privacy Policy which is available at www.landscapequeensland.com.au or by calling the Landscape Queensland office on 1300 883 966.

GUARANTEE AND INDEMNITY

In consideration of Landscape Queensland having agreed to accept the applicant / s as a member and facilitating the provision and operation of the applicant / s credit account, I / we, the applicant / s hereby guarantee the payment of all monies owing by me / us, the applicant / s to Landscape Queensland. As a separate and severable covenant, I / we the applicant / s agree to indemnify Landscape Queensland and keep it indemnified from and against all losses, charges and expenses whatsoever that Landscape Queensland may suffer or incur by reason of the non-payment of all monies owing by me / us, the applicant / s to Landscape Queensland, or my / our, the applicant / s failure to observe and perform the terms, conditions and covenants upon which membership of Landscape Queensland is granted. The guarantee and indemnity are given jointly and severally. The guarantee and indemnity are continuing and shall not be affected or discharged by any indulgence of time granted to me / us, the applicant / s by Landscape Queensland.

Applicant Signature: _____ Date: _____

LQ Representative: _____ Date: _____

OFFICE USE ONLY:	Membership No:	Category:	Date of Approval:		
LICENCE SEARCH:	Attached <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	Softscape <input type="checkbox"/>	Non-Trade <input type="checkbox"/>	Invoice #:
Notes:					