

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"/>		Professional / Government <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"/>		Government Department <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"/>				

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:

