

## Water Industry Operators Association of Australia MEMBERSHIP APPLICATION / RENEWAL 2023

Inc ABN 27 302 677 808

THIS FORM WILL BECOME A TAX INVOICE ON RECEIPT OF PAYMENT. PLEASE RETAIN A COPY FOR YOUR RECORDS.

Date:/  MEMBERSHIP CATEGORY  Please tick the appropriate box  Individual Membership Pro Rata (July-December) \$45 (inc. GST)  Corporate Membership Pro Rata (July-December) \$155 (inc. GST)  Corporate members please complete both sides of the page.									
MEMBERSHIP D	ETAILS								
Name: Mr/Ms									
Postal Address									
	(Individual members please provide your private mailing address.)								
Suburb		State		Postcode					
Date of Birth	DD MM YEAR								
Employer Position									
Telephone									
Mobile phone	Fax								
E-mail									
	In the event of my admission as a member, I agree to be bound by the Rules of the Association, a copy of the Rules can be found on the WIOA webs								
Signature									
WIOA encourage the use of electronic correspondence to reduce paper wastage.  I wish to receive correspondence by E-mail in preference to Post Yes No  PAYMENT OPTIONS									
EFT BANKIN	G DETAILS	CREDIT CARD PAYMENTS	CREDIT CARD PAYMENTS Visa Mastercard (Diners Club and Amex are not accepted)						
BSB: 033-25	4	1% Administration Fee on	1% Administration Fee on all credit card payments						
A/C: 327-012		Cardholders Name	Cardholders Name						
The following m	ual \$45 or Corporate \$155 ust be included on your	Card Number	/	-/					
payment: • New members: Full name • Renewing members: Invoice number and		Expiry Date:  Amount (please circle):	Expiry Date: / Amount (please circle): \$45.45 / \$156.55 (Including 1% Administration Fee)						
name		Signature:	\$\psi \psi \psi \psi \psi \psi \psi \psi						
RETURN BY Post PO Box 6012, Shepparton, Victoria, 3632 Email sherryn@wioa.org.au									
LoYa		Office Use Only							
[4]	<b>Z</b> 51	New Renewal	Date Paid: /	/ Rec No:					



## Water Industry Operators Association of Australia

## **MEMBERSHIP APPLICATION / RENEWAL 2023**

Inc ABN 27 302 677 808

## **Corporate Members Details**

The front of this form MUST be completed. Upon applying for a corporate membership, only ONE representative is nominated to receive all correspondence from WIOA.

Join the list of WIOA Members which includes a complimentary entry in the Corporate Members section of the WIOA website www.wioa.org.au/membership

Email a company profile (approximately 200 words) about your organisation's business, products or services to <a href="mailto:sherryn@wioa.org.au">sherryn@wioa.org.au</a>
- this will appear in our Members Web directory. You are also invited to include a logo for the website.

If you have any queries regarding your corporate entry please contact WIOA on 03 5821 6744.

MEMBERSHIP DI	ETAILS				
Organisation					
Web Address					
NOMINATED REP	PRESENTATIVE (for website listing and will receive	e all co	rrespondence).		
Name [					
Position					
E-mail					
Telephone					
Mobile phone					
Fax [					
Same as from	NG FOR WEBSITE It page or complete the following section				
Address					
Suburb		State		Postcode	
Telephone		Fax			
OTHER CONTACT	rs				
Don't lose contact with	th WIOA, please provide at least one other company contact. Othe	er contacts	will recieve the heads-up er	mail when confe	rence site sales commence.
Name [		Phone			
Position					
E-mail					
Name [		Phone			
Position					
E-mail					
Name [		Phone			
Position					
E-mail					