



# Water Industry Operators Association of Australia

## MEMBERSHIP APPLICATION / RENEWAL 2024

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 \$50 (inc. GST)
- Corporate Membership \$320 (inc. GST) Corporate members please complete both sides of the page.

### MEMBERSHIP DETAILS

Name: Mr / Ms

Postal Address

*(Individual members please provide your private mailing address.)*

Suburb  State  Postcode

Date of Birth

Employer

Position

Telephone  Fax

Mobile phone

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 website.*

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

<p><b>EFT BANKING DETAILS</b> <input type="checkbox"/></p> <p>BSB: 033-254 A/C: 327-012</p> <p><b>Amount:</b> Individual \$50 or Corporate \$320 The following must be included on your payment:</p> <ul style="list-style-type: none"> <li>• New members: Full name</li> <li>• Renewing members: Invoice number and name</li> </ul>	<p><b>CREDIT CARD PAYMENTS</b> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <small>(Diners Club and Amex are not accepted)</small></p> <p><b>1% Administration Fee on all credit card payments</b></p> <p><b>Cardholders Name</b> <input type="text"/></p> <p><b>Card Number</b> _____ / _____ / _____ / _____</p> <p><b>Expiry Date:</b> ____ / ____</p> <p><b>Amount (please circle):</b> <b>\$50.50 / \$323.20</b> <small>(Including 1% Administration Fee)</small></p> <p><b>Signature:</b> <input type="text"/></p>
--	---

### RETURN BY

Post PO Box 6012, Shepparton, Victoria, 3632 Email [admin@wioa.org.au](mailto:admin@wioa.org.au)

2024	<p><b>Office Use Only</b></p> <p><input type="checkbox"/> New <input type="checkbox"/> Renewal Date Paid: <input type="text" value="___/___/___"/> Rec No: <input type="text"/></p>
------	---



# Water Industry Operators Association of Australia

## MEMBERSHIP APPLICATION / RENEWAL 2024

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](http://www.wioa.org.au/membership)

Email a company profile (approximately 200 words) about your organisation's business, products or services to [admin@wioa.org.au](mailto:admin@wioa.org.au) - 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 DETAILS

Organisation

Web Address

#### NOMINATED REPRESENTATIVE (for website listing and will receive all correspondence).

Name

Position

E-mail

Telephone

Mobile phone

Fax

#### ADDRESS LISTING FOR WEBSITE

Same as front page or complete the following section

Address

Suburb  State  Postcode

Telephone  Fax

#### OTHER CONTACTS

*Don't lose contact with WIOA, please provide at least one other company contact. Other contacts will receive the heads-up email when conference site sales commence.*

Name  Phone

Position

E-mail

Name  Phone

Position

E-mail

Name  Phone

Position

E-mail