

AHSCA WA Chapter Inc.

Membership Application Form

PO Box 335

Mount Hawthorn WA 6915

admin@ahscawa.com.au



Association of Hydraulic Services Consultants Australia
WESTERN AUSTRALIAN CHAPTER INC.

CATEGORY OF MEMBERSHIP YOU ARE APPLYING FOR *(please tick)*

- Full - \$264 Associate - \$209 Student - \$110
 Corporate - \$0 Affiliate - \$550 Other
- Plus \$50 Joining Fee

APPLICANT DETAILS

Salutation		Full Name	
Address			
Suburb		Postcode	
Private Phone		Date of Birth	
Mobile			
Email Address			

COMPANY DETAILS

Name			
Address			
Suburb		Postcode	
Phone			
Website			
Email Address			

QUALIFICATIONS *(Full, Associate and Student applicants only. Attach copies of certificates/diplomas/degrees)*

Institution	Qualification	Level Attained	Year Completed

PROJECT EXPERIENCE *(Full, Associate, Student and Corporate applicants only. Attach separate sheets if necessary)*

PRODUCT SERVICE DETAILS *(Affiliate applicants only. Briefly describe the product/s you provide and attach any literature that could assist)*

PLEASE TICK ONE OR MORE OF THE FOLLOWING BOXES TO DESCRIBE YOUR CURRENT MEMBERSHIP STATUS:

- | | |
|---|--|
| <input type="checkbox"/> Practising Hydraulic Services Consultant applying for membership | <input type="checkbox"/> Enrolled in Diploma - Hydraulic Services Design |
| <input type="checkbox"/> Enrolled in Certificate IV - Hydraulic Services Design | <input type="checkbox"/> Applying for membership upgrade |
| <input type="checkbox"/> Associate member | <input type="checkbox"/> Student member |
| <input type="checkbox"/> Affiliate member | <input type="checkbox"/> Re-applying for membership |
| <input type="checkbox"/> Other <i>(please state)</i> | |

I*(please print)*, declare that the particulars set out above are correct in all aspects and upon acceptance of my application, I will abide by the Rules of Association and Code of Ethics of the Association at all times.

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Signed

.....
Date