



Illuminating Engineering Society of Australia and New Zealand Limited
ABN 99 100 686 039 | Secretariat: PO Box 576 Crows Nest NSW 1585 Australia

Associate Member

APPLICATION FORM

APPLICANT'S DETAILS

First Name:

Last Name:

RESIDENTIAL ADDRESS

#/Street:

Suburb:

State:

Postcode:

Country:

PERSONAL CONTACT DETAILS

Phone:

Date of Birth:

E-mail:

EMPLOYMENT

Company or Organisation:

BUSINESS ADDRESS

#/Street:

Suburb:

State:

Postcode:

Country:

BUSINESS CONTACT DETAILS

Phone:

Mobile:

Please use two different email addresses

E-mail:

Please select your main email address: PERSONAL or BUSINESS

BUSINESS ACTIVITY

Please tick your Industry Category and Position Code

INDUSTRY CATEGORY

Architect
Consultant, Electrical
Consultant, Lighting
Distributor/Importer
Educator
Electric Supply Utility
Electrical Contractor
Energy Auditor

Interior Designer
Local Authority
Lighting Research
Manufacturing
Optometry
Performance/Entertainment
Retail

POSITION CODE

Assembly/Construction
Consultant
Designer
Lecturer
Management
Production Crew

Production Management
Research
Sales
Technical Crew
Technical Management
Student

at:

Campus



Illuminating Engineering Society of Australia and New Zealand Limited
ABN 99 100 686 039 | Secretariat: PO Box 576 Crows Nest NSW 1585 Australia

Associate Member

APPLICATION FORM

MEMBERSHIP OF OTHER PROFESSIONAL ORGANISATIONS

I am currently a member of the following Professional Organisations:

- 1.
- 2.

ASSOCIATE MEMBERSHIP

I hereby apply for Associate Membership of the Illuminating Engineering Society of Australia and New Zealand Limited and agree to the Society's Constitution, By-Laws and Code of Ethics. I am aware that the Company is limited by guarantee.

Signed: *(Electronic signature acceptable)*

Date:

SUBSCRIPTION:

Please enclose your payment with this Application Form and return to Secretariat.

My Cheque is enclosed for \$ _____ OR

Please charge my credit card (complete all of the following details)

Mastercard Visa

CardNo:

Name on Card:

Expiry Date:

CVV number:

Cardholder's Signature:

Amount: \$ _____

Please keep a copy of this document for your records