



Illuminating Engineering Society of Australia and New Zealand Limited
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Email: Secretariat@iesanz.org www.iesanz.org

ASSOCIATE MEMBERSHIP APPLICATION FORM

MEMBER DETAILS

(To complete this Application form please tab to each shaded box, in turn, and type in the required detail. Do not use Return or Enter between shaded boxes)

SURNAME:

GIVEN NAMES:

ADDRESS (Home):

SUBURB:

STATE:

POSTCODE:

COUNTRY:

PHONE (Home): ()

DATE OF BIRTH: / /

EMAIL (Home):

EMPLOYER/COMPANY:

ADDRESS (Work):

SUBURB:

STATE:

POSTCODE:

COUNTRY:

PHONE (Work): ()

FAX (Work): ()

MOBILE:

EMAIL (WORK):

Please tick one of the following boxes to indicate your preferred mailing address

HOME ADDRESS

WORK ADDRESS

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

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.

APPLICANT’S SIGNATURE: _____

DATE: / /

SUBSCRIPTION:

Please enclose your payment with this Application Form and return to Secretariat. ‘Associate’ membership rates for the year ending 30 June 2018 are:

Australia
\$ 230 p.a.

New Zealand
\$A 210 p.a. (no GST)

My Cheque is enclosed for \$

OR

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

Mastercard

Card No: - - -

Name on Card: Expiry Date: /

CVV number:

Cardholder’s Signature: _____ Amount: \$

Please keep a copy of this document for your records

OFFICE USE ONLY

Application received on: _____ / _____ / _____

Subscription amount Received: _____ / _____ / _____

Application approved by the Board on: _____ / _____ / _____

Letter of Acceptance & Receipt posted on: _____ / _____ / _____

Chapter advised of new Member: _____ / _____ / _____

Membership Number: _____