

Illuminating Engineering Society of Australia and New Zealand Limited

ABN 99 100 686 039

Secretariat: PO Box 576 Crows Nest NSW 1585 AUSTRALIA

Telephone +61 2 9431 8663 Facsimile +61 2 9431 8677

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 [ ]  Interior Designer [ ]

Consultant, Electrical [ ]  Local Authority [ ]

Consultant, Lighting [ ]  Lighting Research [ ]

Distributor/Importer [ ]  Manufacturing [ ]

Educator [ ]  Optometry [ ]

Electric Supply Utility [ ]  Performance/Entertainment [ ]

Electrical Contractor [ ]  Retail [ ]

Energy Auditor [ ]

**Position Code**

Assembly/Construction [ ]  Production Management [ ]

Consultant [ ]  Research [ ]

Designer [ ]  Sales [ ]

Lecturer [ ]  Technical Crew [ ]

Management [ ]  Technical Management [ ]

Production Crew [ ]  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 2017 are:

Australia New Zealand

 $ 225 p.a. $A 205 p.a. (no GST)

[ ]  My Cheque is enclosed for $       OR

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

Mastercard [ ]  Visa [ ]

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_