Membership Application Form

☐　State Industry Supplier　　　　☐　National Industry Supplier　　　　☐　Industry Partner

Organisation Details

Organisation (name)	
Owners (names)	
National Precast delegate (name, position, email, phone)	
Organisation address	
Postal address	
Telephone	
Website	
ABN	
No. years in business	
3rd party certification/ testing on products & services supplied	
Product & service - related expertise/qualifications/ licensing	
Recent clients & projects (company & project name)	1. 2. 3.
Credit references (company, contact email & phone)	1. 2. 3.
Referred by	

Membership Fees

Fee Category

Fee Category	Membership Fee (annual) ($) ex GST
☐　State Industry Supplier	1,500
☐　National Industry Supplier	6,000
☐　Industry Partner	15,000

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Contacts

Other Contacts

Nominate other contacts to receive National Precast electronic newsletters, eg. State/BD/marketing/technical/engineering personnel. Attach additional contacts if needed.

Name	
Position	
State	
Email	
Mobile	
Name	
Position	
State	
Email	
Mobile	
Name	
Position	
State	
Email	
Mobile	
Name	
Position	
State	
Email	
Mobile	
Name	
Position	
State	
Email	
Mobile	
Name	
Position	
State	
Email	
Mobile	
Name	
Position	
State	
Email	
Mobile	

Invoicing

Nominate who should receive invoices.

Name	
Position	
Email	
Office phone	
Mobile	

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Marketing Information

Organisation (name): _____

Company Description

Please write a description of your company (up to 500 words) for use on National Precast's website. Please also email your logo and photographs you would like included on your page to info@nationalprecast.com.au. Please attach additional information if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Location Details

Please provide details of all locations of your company, as you wish them to appear on your listing. Please attach additional location details if necessary.

Location	
Address	
Contact name	
Contact email	
Contact phone	
Location	
Address	
Contact name	
Contact email	
Contact phone	
Location	
Address	
Contact name	
Contact email	
Contact phone	
Location	
Address	
Contact name	
Contact email	
Contact phone	

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Products and Services

Industry Partner applicants only: Please indicate your first and second preference for the exclusive product or service sector you would like to apply for (you would be the only Industry Partner in this sector). Please specify if not listed.

Preferred Product or Service (please mark 1 and 2)

- ☐ BIM software
- ☐ CAD software
- ☐ Drafting/Shop drawing
- ☐ Decorative applied finishes
- ☐ Transportation
- ☐ Erection
- ☐ Legal services
- ☐ Financial services
- ☐ Machinery/Equipment
- ☐ Manufacturing accessories

- ☐ Cement & Concrete
- ☐ Aggregate
- ☐ Pigment addatives
- ☐ Chemical addatives
- ☐ Reinforcement
- ☐ Site accessories
- ☐ Lifters
- ☐ Safety equipment
- ☐ Coatings & Protectors
- ☐ Anchors & Connectors

Other

- ☐ _____

Terms and Conditions

Please send completed Application Form and Marketing Information Form to the CEO, National Precast, 2/13 Brighton Rd, Glenelg SA 5045, or email to exec@nationalprecast.com.au. You will then be sent an invoice for the $500 Application Fee, which will apply to your first year's fee.

Membership of National Precast is in accordance with the Constitution of National Precast Concrete Association Australia Limited (email exec@nationalprecast.com.au to request a copy). When claiming membership, members can only use the National Precast logo for their specific membership category. Application is subject to approval by the Board of Directors. Dedicated website page for members includes logo, 500 words & images. Member discounts will be set by National Precast and are subject to change. Nominations to Standards' committees (National Industry Supplier and Industry Partner members only) are subject to a nominations and approval process. A minimum term of 12 months' membership applies to new membership applications. New memberships may be prorated. Membership is automatically renewed for a further 12 months each year on 1st July. Resignations must be submitted in writing and fees will be payable until such written advice is provided.

Name of authorised representative & signature

Name: _____

Signature: _____   Date: _____