

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
<input type="checkbox"/> State Industry Supplier	1,500
<input type="checkbox"/> National Industry Supplier	6,000
<input type="checkbox"/> Industry Partner	15,000

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	

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	

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)**

- | | |
|--|--|
| <input type="checkbox"/> BIM software | <input type="checkbox"/> Cement & Concrete |
| <input type="checkbox"/> CAD software | <input type="checkbox"/> Aggregate |
| <input type="checkbox"/> Drafting/Shop drawing | <input type="checkbox"/> Pigment additives |
| <input type="checkbox"/> Decorative applied finishes | <input type="checkbox"/> Chemical additives |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Reinforcement |
| <input type="checkbox"/> Erection | <input type="checkbox"/> Site accessories |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Lifters |
| <input type="checkbox"/> Financial services | <input type="checkbox"/> Safety equipment |
| <input type="checkbox"/> Machinery/Equipment | <input type="checkbox"/> Coatings & Protectors |
| <input type="checkbox"/> Manufacturing accessories | <input type="checkbox"/> 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. Nominations to Standards' committees (National Industry Supplier and Industry Partner members only) are subject to a nominations and approval process. Exclusivity of product/service type for Industry Partners is limited to a 2 year period if there is more than one contender for the product/service type in this category of membership. For the purposes of State membership, NSW and ACT will be regarded as one State. 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: _____