



The Institute of Plumbing Australia Incorporated

Founded 1954
ABN 93 721 622 941
P O Box 2005
Marmion WA 6020
FAX: 08 9448 0420

EMAIL: secretary@plumbing.org.au
WEB: www.plumbing.org.au

TAX INVOICE (when completed)

PRINT OUT THIS APPLICATION FOR MEMBERSHIP AND COMPLETE IN BLOCK LETTERS. WHEN COMPLETED FORWARD TO PO Box 2005 MARMION WA 6020

To the Council of the Institute of Plumbing Australia, Incorporated.

I,hereby apply to be *admitted/upgraded to membership of the Institute of Plumbing Australia, Incorporated and agree that on acceptance of the Grade of membership determined by the Council, I will conform to the Constitution of The Institute and as far as shall be within my power, promote and uphold its objects.

I understand that resignation can only be granted to financial members who return their membership Certificate together with a written request to be released from foregoing Obligations.

**delete one*

Surname..... Given Names.....

Private Address: Telephone.....

..... Facsimile.....

..... Email.....

.....Postcode.....

Business Contacts:

Postal address: Telephone.....

..... Facsimile.....

..... Mobile.....

.....Postcode..... Email.....

Internet

Born at

on the..... day of19.....

DECLARATION BY APPLICANT:

I declare that the statements by me and the information attached to this application are true and I am prepared to submit proof of same on request. Enclosed is my payment of **\$176.00 (incl. GST of \$16.00)** being for annual (January – December) subscription for corporate membership (\$160.00 + GST)

For Student applicants please contact the [Secretary](#) for current rates and provisions. For Companies applying for Industrial Associate membership please use separate form.

Signature:..... Date:

GRADE TRANSFER (for upgrade only)

Year of admittance to Institute Present grade of membership.....

EMPLOYMENT HISTORY

Please attach details of your past 5 years employment, stating Employer, Business Activity, Your Position and Dates of Employment.

EDUCATION AND TRAINING

Please list particulars of ALL formal education, and any **MAJOR** Training Courses you have completed. Attach a separate list if insufficient room.

Please **DO NOT** use initials. (Photocopies of the degrees, diplomas, certificates must be attached.)

Name of School, University, College of Training Institution	Location	Qualifications Obtained or Examinations Passed	Dates
1.(Trade)
2.(Post Trade)
3.(Other)

MEMBERSHIP IN OTHER INSTITUTES OR ASSOCIATIONS

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FURTHER RELEVANT EXPERIENCE OR QUALIFICATIONS

(Include any special or unusual attainments, designs, research work, jobs handled in Industry or Authorships)

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MEMBERSHIPS AVAILABLE (To be selected by the Institute Council):

Honorary Fellow	Fellow	Member	Licentiate Member
Companion Member	Associate Member	Student	Industrial Associate (see separate form)