Australian Organisation for Quality (Queensland) Inc ABN 53 322 327 143

Membership Application Form

MEMBERSHIP TYPE

☐ Individual/Personal ☐ Professional (Avanced/Executive/Fellow) ☐ Retired ☐ Student ☐ Corporate - No. of Employees:____

If Student – Institution_____ and Program _____

MEMBERSHIP DETAILS

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

Surname: First Name: Initial: D.O.B / /

Position: Company Name:

Postal Address:

Postcode:

Telephone: Facsimile: Mobile:

Email: Website:

COMPANY VALUE: ☐ Small $0-5M ☐ Medium $5-25M ☐ Large/Govt $25M+ **No. OF EMPLOYEES**_____

PAYMENT

☐ Cheque ☐ Mastercard ☐ Visa ☐ AMEX Amount: $_____

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ___/___/___

Name on Card: _____ Cardholder's Signature: _____

Please make cheques payable to Australian Organisation for Quality (Queensland) Inc.

CORPORATE MEMBERSHIP

Representative **Mailing Address** **Email Address**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Mailing Points Please use separate sheet

Industry Sector Tick one only

☐ **A** Education	☐ **B** Hospitality	☐ **C** Building/Construction	☐ **D** Farming/Agricultural	☐ **E** Mining
☐ **F** Health	☐ **G** Government	☐ **H** Food/Beverage	☐ **I** Training	☐ **J** Manufacturing
☐ **K** Transport	☐ **L** Financial	☐ **M** Software	☐ **N** Communication	☐ **O** Electronic
☐ **P** Certification	☐ **Q** Retail	☐ **R** Consultant	☐ **S** Tourism	☐ **T** Energy/Environmental
☐ **U** Pharmaceutical	☐ **V** Service (please provide details) _____			

Declaration by Applicant

I agree that, on the acceptance of my application for membership by the Australian Organisation for Quality (Queensland) , I shall be governed by the Memorandum and Articles of Association and the By-laws of the Organisation, pay my subscriptions as they become due and that I shall advance the aims of the Organisation as far as practical in my power until I resign my membership in writing. I certify that all statements contained in this form are, to the best of my knowledge, true and correct.

Signature of Applicant: _____ Date:_____

Membership Annual Subscription

(includes GST). I wish to join the following (tick relevant boxes)

	AOQ-QLD® 6 months 01 Jan 2012 30 June 2012	
INDIVIDUAL/PERSONAL	110.00	☐
STUDENT/RETIRED	55.00	☐
PROFESSIONAL - ADVANCED*	117.50	☐
PROFESSIONAL - EXECUTIVE*	125.00	☐
PROFESSIONAL - FELLOW*	132.50	☐
Corporate		
2- 10 employees (2 mailing points)	210.00	☐
11-100 employees (3 mailing points) - C1	337.50	☐
101-250 employees (4 mailing points) - C2	450.00	☐
251-500 employees (5 mailing points) - C3	550.00	☐
No limit on number of employees (6 mailing points) - C4	600.00	☐
Division (must be a member of AOQ-QLD® or employee of a Corporate Member)		
Aerospace Division	30.00	☐
Lean Six Sigma Division	30.00	☐
Aged Care Division	30.00	☐
Pharmaceutical & Medical Devices Division	30.00	☐
Energy Conservation Division	30.00	☐
Entrepreneur Division	30.00	☐

2.5% is charged for credit card payments.

MAILING ADDRESS

AOQ-QLD®
PO Box 15205
City East
QLD 4002

Ph: 07 3816 2255
Fax: 07 3816 2288
Web: www.aoq.org.au/join.htm
ABN: 53 322 327 143

NB: Membership Annual Subscription Fees are subject to change through Council decisions.

*Conditions apply. If applying for professional grading, do not send payment until notified of grading decision.

For office use only.

☐ Received Date _____

☐ Processed date _____

☐ Council approved date_____

☐ Applicant advised date_____