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

Membership Application Form

MEMBERSHIP TYPE

☐ Individual ☐ Professional ☐ Retiree ☐ Student ☐ Corporate - No. of Employees:____

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:

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® 12 months 01 July 2010 30 June 2011		AOQ-QLD® 6 months 01 Jan 2011 30 June 2011	
INDIVIDUAL/PERSONAL	200.00	☐	100.00	☐
STUDENT/SENIOR CARD HOLDER	100.00	☐	50.00	☐
PROFESSIONAL - ADVANCED*	215.00	☐	107.50	☐
PROFESSIONAL - EXECUTIVE*	225.00	☐	112.50	☐
PROFESSIONAL - FELLOW*	240.00	☐	120.00	☐
Corporate				
2-10 employees (2 mailing points)	380.00	☐	190.00	☐
11-100 employees (3 mailing points)- C1	600.00	☐	300.00	☐
101-250 employees (4 mailing points) - C2	830.00	☐	415.00	☐
251-500 employees (5 mailing points) - C3	990.00	☐	495.00	☐
No limit on number of employees (6 mailing points) - C4	1080.00	☐	540.00	☐
Division (must be a member of AOQ-QLD® or employee of a Corporate Member)				
Aerospace Division	25.00	☐	25.00	☐
Lean Six Sigma Division	25.00	☐	25.00	☐
Aged Care Division	25.00	☐	25.00	☐
Pharma Division	25.00	☐	25.00	☐
Energy Conservation Division	25.00	☐	25.00	☐
Entrepreneur Division	25.00	☐	25.00	☐

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.

For office use only.

☐ Received Date _____

☐ Processed date _____

☐ Council approved date_____

☐ Applicant advised date_____