



The Institute of Quarrying
Australia
ABN 69 893 345 889

MEMBERSHIP APPLICATION FORM

Applicants seeking Membership as an Associate or Student should only complete Sections A, B, D and E.
Applicants seeking Membership as a Member or Fellow should complete all Sections and attach a copy of your CV and a certified copy of relevant qualifications.

PART A

PERSONAL DETAILS (PLEASE USE BLOCK LETTERS)

Surname Given Names
(Mr, Mrs, Ms etc)

Date of Birth Email

Mailing Address

Telephone (Daytime) Mobile

PRESENT EMPLOYMENT

Name of Employer Job Title

Suburb Postcode Date Appointed

I would be interested to upgrade my membership during the next 12 months Yes No

PART B

EDUCATIONAL QUALIFICATIONS

From	To	University, TAFE etc	Degree, Diploma, Professional Qualifications
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INDUSTRY EXPERIENCE

Dates		Job Title	Name of Employer
From	To		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART C

PROPOSERS AND SECONDRS

Proposers and seconders must hold the appropriate grade of membership as shown below.

For FELLOW Two Fellows
For MEMBER, ASSOCIATE OR STUDENT Two Fellows or two Members or a combination thereof

We hereby recommend the above applicant for election / transfer (please delete) as outlined above.

Signature of Proposer Membership Grade

Name (block Letters) Date

Signature of Seconder Membership Grade

Name (block letters) Date

PART D

APPLICANT'S DECLARATION

I hereby apply for election / transfer to the grade of:

Student Associate Member Fellow Retired

I certify that the statements made by me in this application are correct and should I be admitted, will abide by the Institute's Code of Conduct.

Signed Date

PART E

PAYMENT BY: MASTERCARD / VISA

(we do not accept American Express or Diners Club cards)

\$

Cardholder's Name

Cardholder's Signature

Card Number

Expiry Date

PLEASE FORWARD YOUR APPLICATION TO:

Your Local Institute Branch
(see www.quarry.com.au for details)

or

Membership Service Co-ordinator
PO Box 6447
North Ryde NSW 2113
email: admin@quarry.com.au

FOR OFFICE USE ONLY

Membership Committee
Comments

Chairman's Signature

Membership Number

Branch