

Company Details

Registered Company Name: _____

Trading Name (if different): _____ ABN: _____

Business Address

Address: _____

Suburb: _____ State: _____

Postcode: _____ Country: _____

Office Phone: _____

Email: _____

Website: _____

Postal Address

Same as business address

Address: _____

Suburb: _____ State: _____

Postcode: _____ Country: _____

Primary Point of Contact

Title: _____ First Name: _____

Surname: _____

Position: _____

Phone: _____ Mobile: _____

Direct Email: _____

*For additional branches please see overleaf

Accounts Contact

Same as primary point of contact

Title: _____ First Name: _____

Surname: _____

Phone: _____ Mobile: _____

Email: _____

Company Profile

Please tell us a little more about your business, how long it has been operating, what it is involved in, what service you provide, etc. This information will be published on the TSHA webpage as information to the general public.

Company Classifications – please tick the categories your company represents

CATEGORY:	<input type="checkbox"/> Rental	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Owner/End User
	<input type="checkbox"/> Supplier	<input type="checkbox"/> Service Provider	<input type="checkbox"/> Trainer
INDUSTRY:	<input type="checkbox"/> Access/Materials Handling	<input type="checkbox"/> Furniture	<input type="checkbox"/> Support Services/IT
	<input type="checkbox"/> Construction	<input type="checkbox"/> General Plant/Handyman	<input type="checkbox"/> Training
	<input type="checkbox"/> Earth Moving/Roads	<input type="checkbox"/> Office Equipment/Audio	<input type="checkbox"/> Vehicles/Trailers
	<input type="checkbox"/> Events	<input type="checkbox"/> Site Accommodation/Portable Toilets	
SERVICES:	<input type="checkbox"/> Design/Engineering	<input type="checkbox"/> Repairs – EWP	<input type="checkbox"/> Yellow Card Training
	<input type="checkbox"/> Annual Inspections – EWP	<input type="checkbox"/> Repairs – TSH	<input type="checkbox"/> Gold Card Training
	<input type="checkbox"/> Annual Inspections – TSH	<input type="checkbox"/> Spare Parts	<input type="checkbox"/> High Risk Training
	<input type="checkbox"/> Major Inspections – EWP	<input type="checkbox"/> Mobile Service	<input type="checkbox"/> Reg Inspector – EWP
	<input type="checkbox"/> Major Inspections - TSH	<input type="checkbox"/> 3 Month Service	<input type="checkbox"/> Reg Inspector - TSH

Membership Renewal Options

- | | |
|--|-------|
| <input type="checkbox"/> Base Fee: All members, new and renewing (per financial year). | \$400 |
| <input type="checkbox"/> EWPA Membership Offer – If you would like to join the Elevating Work Platform Association as well, this is offered at a reduced additional rate for all members, new and renewing (per financial year). | \$100 |

Nomination Details

A membership application can be nominated and seconded by any TSHA **member company**. Nominations are then approved by the State President/Committee and ratified at the next Board of Directors Meeting.

Nominated by: _____ Mobile: _____

Company: _____

Seconded by: _____ Mobile: _____

Company: _____

- Please tick if you are unable to provide someone to Nominate/Second your application, it will be forwarded to the State President.

Where did you hear about the Telescopic Handler Association?

- Internet Hire and Rental News Magazine Word of Mouth Other _____ Please specify

Declaration

I hereby apply to become a member of the TSHA Inc. In the advent of my admission as a member I agree to be bound by the rules of the Association. I consent to receiving commercial messages by email from the TSHA Inc.

Name: _____ Date: _____

We use the information in this form to provide you with membership services. We may give this information to our insurers, suppliers, members and related Associations. If you do not provide this information, we may not be able to provide you with a full range of services. We do not trade, rent or sell any information you supply. You can check the information we hold at any time. For more information, ask us for a copy of our privacy policy, or view it online at www.tsha.com.au

Your annual membership will be automatically rolled over. If you wish to resign from the association, please notify us in writing for the attention of James Oxenham (CEO), co-signed by the listed principal member contact.

Please email completed form to: info@tsha.com.au

Branch Details

Branch Name: _____ Branch Phone: _____

Branch Email: _____

Postal Address

Same as branch address Same as head office

Branch Address

Address: _____

Address: _____

Suburb: _____ State: _____

Suburb: _____ State: _____

Postcode: _____ Country: _____

Postcode: _____ Country: _____

Branch Contact

Title: _____ First Name: _____

Surname: _____

Position: _____

Phone: _____ Mobile: _____

Direct Email: _____

Branch Details

Branch Name: _____ Branch Phone: _____

Branch Email: _____

Postal Address

Same as branch address Same as head office

Branch Address

Address: _____

Address: _____

Suburb: _____ State: _____

Suburb: _____ State: _____

Postcode: _____ Country: _____

Postcode: _____ Country: _____

Branch Contact

Title: _____ First Name: _____

Surname: _____

Position: _____

Phone: _____ Mobile: _____

Direct Email: _____

Branch Details

Branch Name: _____ Branch Phone: _____

Branch Email: _____

Postal Address

Same as branch address Same as head office

Branch Address

Address: _____

Address: _____

Suburb: _____ State: _____

Suburb: _____ State: _____

Postcode: _____ Country: _____

Postcode: _____ Country: _____

Branch Contact

Title: _____ First Name: _____

Surname: _____

Position: _____

Phone: _____ Mobile: _____

Direct Email: _____

Additional Contacts

Title: _____ First Name: _____ Surname: _____
Location: _____ Position: _____
Phone: _____ Mobile: _____ Direct Email: _____

Title: _____ First Name: _____ Surname: _____
Location: _____ Position: _____
Phone: _____ Mobile: _____ Direct Email: _____

Title: _____ First Name: _____ Surname: _____
Location: _____ Position: _____
Phone: _____ Mobile: _____ Direct Email: _____

Title: _____ First Name: _____ Surname: _____
Location: _____ Position: _____
Phone: _____ Mobile: _____ Direct Email: _____

Title: _____ First Name: _____ Surname: _____
Location: _____ Position: _____
Phone: _____ Mobile: _____ Direct Email: _____

Title: _____ First Name: _____ Surname: _____
Location: _____ Position: _____
Phone: _____ Mobile: _____ Direct Email: _____

Title: _____ First Name: _____ Surname: _____
Location: _____ Position: _____
Phone: _____ Mobile: _____ Direct Email: _____

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Phone: _____ Mobile: _____ Direct Email: _____