

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: _____

Membership Renewal Options

Base Fee: All members, new and renewing (per financial year). \$400

EWPA Membership Offer – If you would like to join the Telescopic Handler Association as well, this is offered at a reduced additional rate for all members, new and renewing (per financial year). \$100

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

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.

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: _____