



APPLICATION FOR MEMBERSHIP FORM

PART 1 – GENERAL BUSINESS ENTITY DETAILS

NAME OF MEMBER.....

IE: Member Firm Name, Individual Member Name, Associate Firm or Individual, Emeritus Member (Individual)

TYPE OF BUSINESS ENTITY.....

IE: Company, Trust, Partnership, Sole Trader. Not applicable if applicant is for Individual Membership

CLASS OF MEMBERSHIP BEING APPLIED FOR.....

Insert membership class as per Clause 4.1 above.

PHYSICAL ADDRESS OF MEMBER.....

POSTAL ADDRESS OF MEMBER.....

Insert if different from Physical Address – for service of notices

CONTACT PERSON.....

Note this is not necessarily an Individual Member or Member Representative. Simply a contact person to for general queries. In the case of Associate, Sustaining, Emeritus Members, the above person will be the authorised person who will receive correspondence from Consulting Surveyors SA.

BUSINESS PHONE NUMBER.....

EMAIL ADDRESS.....

General email address for notification of events, promotions etc.

PROFESSIONAL INDEMNITY INSURANCE

Name of Insurer.....

Policy Liability Cover Limit.....**Expiry Date**.....

MAIN BUSINESS ACTIVITIES / AREAS OF INTEREST

Tick as appropriate

- | | | |
|----------------------------------|------------------------------------|------------------------------|
| Cadastral Surveying | Engineering Surveying | Planning Advice |
| Civil Engineering | Aerial Surveying | Hydrographic |
| Spatial Information | Multi-disciplinary | Other |

PART 2 – FOR MEMBER FIRM and INDIVIDUAL MEMBER APPLICANTS ONLY

Part 2 needs to be completed by Member Firm and Individual Member applicants only AND in addition to Part 1.

INDIVIDUAL MEMBER / NOMINATED REPRESENTATIVES DETAILS

Each applicant must provide details of the natural person(s) who will be an Individual Member or nominated as representatives (of the Member Firm) who will hold voting rights and be eligible for election to the Board of CSSA. Please add additional pages to this PART 2 sheet as necessary.

NAME (Representative or Individual Member Name)	QUALIFICATION (Tertiary and professional)	EMAIL ADDRESS (Personal Email Address for forwarding invitations)	PHONE NO. (Mobile Ph No.)
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CERTIFICATION

I / We apply for membership of Consulting Surveyors South Australia Ltd. in accordance with the category referenced in Part 1 and the rules of the company.

INDIVIDUAL MEMBER

I make application as an Individual Member referenced in Part 1 and warrant that I will abide by the rules and constitution of Consulting Surveyors SA.

Sign.....Name:.....Date.....

MEMBER FIRM

On behalf of the business entity referenced in Part 1, I am authorised make application for admission as a Member Firm and warrant that our above nominated Representatives will abide by the rules and constitution of Consulting Surveyors SA.

Sign.....Name:.....Date.....

QUESTIONS / QUERIES

If you have any questions or require clarification of any matters relating to the completion of this form or the membership criteria, please contact **Damian Brogden (Interim Chair)** Consulting Surveyors SA on **0422 236 522**.

PLEASE FORWARD COMPLETED FORMS TO: admin@consulting surveyorssa.com.au