

GENERAL INFORMATION

Firm name:		ABN:			
Chief Executive (name):		Email:			
Primary contact (if other than above): Email:		Email:			
Head office address:					
City / suburb:	State:		Postcode:		
Postal address:					
City / suburb:	State:		Postcode:		
Telephone:		Years in ope	ration:		
Does your firm provide consulting services in the built and natural environment?			Yes	No	
Is your firm resident in Australia or does it conduct business within Australia?			Yes	No	
Does your firm provide services to clients who are substantially persons other than its owners? Yes No			No		
Is your firm a: Private company Other (please specify)	Partnership				
Are 50% or more of your Principals professionally qualified a an appropriate professional body, or eligible to take out suc			Yes	No	



PEOPLE How many staff members do you have in each category below? (Note ALL staff in Australia must be included)				
Administrat	ion	Technical		Other Professionals
Total num	ber of staff in Austra	lia (total of above)		
Number of	staff overseas (in additi	ion to above)		
What is the total staff nu	mber in each state or	territory?		
Australia Ca	pital Territory	Queensland		Victoria
New South	Wales	South Australia		Western Australia
Northern Te	erritory	Tasmania		
Please provide details for ea	ach office, including a c	lesignated contact, at the end of th	is form or as an attach	ned word or excel document.
KEY CONTACTS				
	s for your firm in the f	following areas? (Please provide o	letails)	
Title/ role equivalent	Name	Phone	Emai	I
CEO / MD				
CEO Assistant				
CFO / Finance				
Marketing / Comms				
Human Resources				
Legal				
Accounts Payable				
MAXIMISING YOUR ENGAGEMENT				
To maximise your engagement with Consult Australia, and to add value across your business, we recommend adding contact details for your staff to our database. This will allow all your employees to stay up-to-date with the latest industry intelligence, policy and legislative changes, and upcoming events in your state or territory.				
You may choose to add details for all staff, or provide a more select list. Required information includes first name, last name, job title, office location, phone (direct or switch) and email. These details will not be provided to third parties, and all staff will have the option to opt-out or unsubscribe at any time.				
An excel spreadsheet in	ncluding the required s	taff details has been included with	this form	Yes No



HOW DID YOU HEAR ABOUT CONSULT AUSTRALIA?				
Previous membership Word of mouth/ recommendation Direct marketing	Media Other (please specify)			
AREAS OF WORK What is your firm's main discipline of work? (Tick one only)				
Accounting	Environmental	Planning		
Advisory	Government	Product Supplier/Manufacturer		
Architecture	Heritage, Archaelogy, History Consultants	Project Management		
Business Systems (IT/Finance/Digital)	Insurance	Recruitment		
Contract Management / Dispute Resolution	Landscape Architecture	Risk and Strategy		
Cost Management / Quantity Surveying	Legal	Scientific		
Development Management	Marketing/Communications	Strategic Communication/ Community Engagement		
Education	Multi-disciplinary	Technical Services		
Engineering	Occupational/Work Health and Safety			

continue to Work Types



WORK TYPES

Which of the following work types apply to you? (Tick all that apply)

Acoustics	Document Control	Marine Science/Engineering
Air Quality Monitoring & Assessment	Electrical Engineering	Materials Handling
Architecture	Energy & Related Works	Mechanical Engineering
Asset & Facility Management	Environmental Science	Mining Services
Aviation/Airports	Façades	Oil & Gas Services
Building Information Modeling	Fire & Life Safety	Planning & Urban Development
Building Services	Fire Services	Power & Energy Services
Business Information Modeling	Geotechnical/Soils/Groundwater	Project Management
Business Performance	Health & Safety	Quantity Surveying
Chemical Engineering	Hydraulics	Research & Development
Climate Change & Carbon Management	Information Technology & Communications	Security Services
Coastal Engineering	Infrastructure Social (Schools/Hospitals/Aged Care)	Structural Engineering
Community/Stakeholder Engagement	Infrastructure Transport (Road/Rail)	Survey & Geographic Information Systems (GIS)
Construction Services	Interior Design	Traffic
Contaminated Land Management & Remediation	Investigations & Support Services	Tunnelling
Dam Safety & Surface Water Management	Landscape Architecture	Waste & Resources Management
Defence	Lighting Designment Services	Water & Wastewater
Digital	Management & Business Development Services	Other



DECLARATION BY APPLICANT

I hereby apply for voting membership of Consult Australia on behalf of my firm.

Name:			
Job title:			
I declare that to the best of my knowledge and belief, the particulars set out above are correct in all aspects; and I understand that should my firm be accepted for voting membership of Consult Australia it will be bound by the Consult Australia Code of Ethics and the Terms and Conditions of Membership.			
Signature:	Date:		

TERMS AND CONDITIONS OF MEMBERSHIP

Membership term: Membership of Consult Australia is Annual (1 July – 30 June) and is paid in a single payment (at 1 July).

New members: New members will be charged a membership fee based on pro-rating of the Annual subscription through to the end of the current financial year in their first year of membership and will then be billed in accordance with the membership term (as above).

Annual renewal: Membership Renewal invoices will be issued in May/June each year with an opportunity offered to members each April/May to update their details prior to invoices being produced. Details may also be updated at any time throughout the year but will not have a prorated effect on the fee.

Resignation: Resignations must be in writing and received 30 days prior to the end of the current membership period however resignations received within 30 days of receipt of the Renewal Invoice will also be accepted. Resignations received outside of this time will be applied to the next annual membership period (i.e. membership will not be pro-rated or refunded). Non payment of membership invoices does not constitute resignation.

Default: If the member defaults in payment of any invoice/account when due, all outstanding amounts become due and payable and are also subject to all recoverable costs.

Save the document and email through to Consult Australia.

SUBMIT

MEMBERSHIP APPLICATION PROCEDURE

All applications are subject to approval by the Consult Australia Board, this process take approximately one (1) week.

Note: Consult Australia is committed to handling your personal information in accordance with the Privacy Act. A copy of our Privacy policy and the Consult Australia Code of Ethics can be found on the Consult Australia website at www.consultaustralia.com.au

When completed, please return to:

Consult Australia

GPO Box 56 Sydney NSW 2001

Email: membership@consultaustralia.com.au

Phone: 02 8252 6700



OFFICE DETAILS

Please complete the below where you have more than one office in Australia.

Office address:			
City / suburb:	State:		Postcode:
Key contact:		Email:	
Office address:			
City / suburb:	State:		Postcode:
Key contact:		Email:	
Office address:			
City / suburb:	State:		Postcode:
Key contact:		Email:	
Office address:			
City / suburb:	State:		Postcode:
Key contact:		Email:	
Office address:			
City / suburb:	State:		Postcode:
Key contact:		Email:	