



MEMBERSHIP APPLICATION FORM

I, (your name) _____ hereby apply for consideration
for Membership of the Weighing Industry Association of Australia Ltd.

Trading Name			
Company name (if different)			
ABN/ACN			
Address of primary place of business (Head Office)			
No & Street:			
Suburb/Town:		Postcode	
Phone Number			
General email address			
Website			

Nominated Company Delegate fo W.I.A.A.			
First Name		Last Name	
Position		Mobile	
Email			

Accounts Receivable – For Membership renewals			
First Name		Last Name	
Position		Mobile	
Email			

Accreditation Details (circle all NMI that apply)												
Servicing Licensee #	SL-				# Verifiers employed							
Classes Approved	3.1	3.2	6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	18.2
Reg 13 Authority	Yes / No				NATA Accreditation #							

**Applications should be emailed to our Secretariat
Finehaus Management at admin@wiaa.com.au**



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Please select membership type (membership runs from 1st July to 30th June and is pro-rated bi-annually [from 1st Jan]):

Ordinary Member (companies operating in the weighing industry within Australia)

- Ordinary Membership with no employees - \$ 300 p/a
- Ordinary Membership 2-6 staff - \$ 500 p/a
- Ordinary Membership 7+ staff - \$ 650 p/a

Please indicate below which of the following states or territories you currently operate your business out of (\$125 per state or territory)

- New South Wales
- Victoria
- Tasmania
- Queensland
- Western Australia
- Northern Territory
- South Australia
- Australian Capital Territory

Associate Member (Individuals, other associations or companies not directly involved in the weighing industry – no voting rights)

- Individual - \$ 300 p/a
- Association with 2-6 members - \$ 500 p/a
- Association with 7+ members - \$ 650 p/a

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BRANCH LOCATIONS (EXCLUDING HEAD OFFICE)

You only need to complete this page if you have more than one physical location.

If more than five branches, please complete using a second copy of this page)

Branch Name			
Branch Address	No & Street		
Suburb/Town		Postcode	
Phone Number		# Verifiers employed*	
email address			

Branch Name			
Branch Address	No & Street		
Suburb/Town		Postcode	
Phone Number		# Verifiers employed*	
email address			

Branch Name			
Branch Address	No & Street		
Suburb/Town		Postcode	
Phone Number		# Verifiers employed*	
email address			

Branch Name			
Branch Address	No & Street		
Suburb/Town		Postcode	
Phone Number		# Verifiers employed*	
email address			

Branch Name			
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Suburb/Town		Postcode	
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email address	
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Please accept our application for membership to the Weighing Industry Association of Australia Ltd.

I have read the Code of Conduct and Constitution and agree, on behalf of our company, to abide by all rules and regulations.

I hereby state I am authorised by the company to apply for membership and confirm the information contained within these pages is true and correct.

Signature

Name

Date

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