

We _____
of _____
hereby apply to become a member of the Waste Recycling Industry Association of Queensland Inc (Registration No. IA 35936)

1 Central contact person to whom notices from the Association are to be sent.

Name		Position
Postal Address		
Suburb		Post Code
Phone	Fax	Mobile
Email		

2 Total number of employees employed by the business in Queensland

3 Our business activities relating to the Waste Management Industry include (PLEASE TICK)

<input type="checkbox"/> Domestic Waste and/or Recycling Collections	<input type="checkbox"/> Operating Waste and/or Recycling Facility, Secondary Resources
<input type="checkbox"/> Collection of Trade and Commercial Wastes and/or Recycling	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Liquid Waste Collection and/or Treatment Plant	<input type="checkbox"/> Transport
<input type="checkbox"/> Operating MRF's or Processing Facilities	<input type="checkbox"/> Equipment Supplier
<input type="checkbox"/> Operating Transfer Stations and/or Landfill Sites	<input type="checkbox"/> Other _____

4 Membership Fee Acknowledgement

The Membership fee of _____ (including gst) to the 30th June 20 _____ is payable by us.

Name	Signature
Company Position	Dated _____ day of _____ 20 _____
Approved Association Chief Executive Officer	

Annual Corporate Membership

<input type="checkbox"/> Category A+ 101 employees and over	<input type="checkbox"/> Category A 51 to 100 employees	<input type="checkbox"/> Category B 21 to 50 employees	<input type="checkbox"/> Category C 11 to 20 employees	<input type="checkbox"/> Category D 1 to 10 employees
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