



OFFICE USE ONLY
INITIALS

APPLICATION FOR MEMBERSHIP

PLEASE FILL IN THIS FORM USING BLOCK CAPITALS OR MARK WITH AN (X) WHERE INDICATED

SECTION 1 CONTACT DETAILS AND COMPANY DETAILS

Please mark (X) next to the type of membership required below

Contractor Membership

Associate Membership

Business Legal Entity Name

Business Trading Name

ABN

ACN (if applicable)

Street address and suburb

State

Postcode

Postal address (if different)

State

Postcode

Telephone

Fax

Mobile

Email

Primary Contact (Voting and Constitutional Rights) - ie. Owner, Director or Senior Executive

The Proprietor/Partners/Directors are:

Average Annual Turnover*

Current Number of Employees

* Annual gross turnover of the business in Queensland excluding GST per financial year.

These Federation Members would be prepared to support this application

Proposer's Name

Seconder's Name

Type of Business/Products

Is your company a Civil Train client?

Yes No

If not, can a Civil Train representative contact you with information on Civil Train services?

Yes No

SECTION 2 ADDITIONAL CONTACT DETAILS

AUTHORISED REPRESENTATIVE (person who will be contacted in relation to events, information and member visits)

Name	Position
Email	Mobile/Phone

All personal information you provide in this form will be used by the Civil Contractors Federation Queensland Branch and selected third parties in accordance with our Privacy Policy, which can be accessed on our website at www.ccfqld.com/home/privacy-policy/. A copy can also be obtained by calling us on 07 3360 7933 or by emailing us at ccfqld@ccfqld.com. By providing your personal information, you agree to such use.

Please tick if you consent to us using your personal information for direct marketing purposes, including but not limited to enews, event update and QLD:INSIGHT. I CONSENT

Signature	Date
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FINANCE CONTACT (Accounts and Invoicing contact)

Name	Position
Email	Mobile/Phone

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HEALTH AND SAFETY CONTACT (IR Support and WHS contact)

Name	Position
Email	Mobile/Phone

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Signature	Date
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TRAINING CONTACT (Civil Train, CCF Short Course contact)

Name	Position
Email	Mobile/Phone

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Signature	Date
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ADDITIONAL CONTACT

Name	Position
Email	Mobile/Phone

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Signature	Date
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SECTION 3 DECLARATION

I hereby apply to be admitted as a Member of the Civil Contractors Federation Queensland Branch and, if admitted, undertake to abide by the rules and ethics of the Federation, as amended from time to time, and also any regulations made by the Board of Directors in accordance with the rules.

 Signature

 Date of application

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* The date specified in the date of application field will determine when membership is charged from.

SECTION 4 PAYMENT

2016/2017 Membership Fees		
Membership Level	Turnover (\$)	16/17 Fees (Incl. GST)
Level 1	< 1 M	\$1,104.00
Level 2	1-2 M	\$2,450.00
Level 3	2-5 M	\$3,920.00
Level 4	5-10 M	\$5,325.00

Membership Level	Turnover (\$)	16/17 Fees (Incl. GST)
Level 5	10-25 M	\$6,320.00
Level 6	25-50 M	\$6,785.00
Level 7	> 50 M	\$7,595.00
Associates	N/A	\$1,730.00

The following payment structure will apply to all new CCF QLD memberships:

Date of Application	Payment Required
July – September	Full applicable membership fee
October – December	¾ of applicable membership fee
January – March	½ of applicable membership fee
April – June	¼ of applicable membership fee plus full payment of the following year's fee at current financial year rate

 AMOUNT
 OPTION 1 – CHEQUE: Please find enclosed my cheque in payment of above amount. Make cheques payable to 'Civil Contractors Federation QLD Branch'

 OPTION 2 – DIRECT DEPOSIT: I have notified the finance department at: finassist@ccfql.com of my direct deposit into the following bank account:
 BSB: 124 001 ACCOUNT NUMBER: 10255258

 OPTION 3 – CREDIT CARD PAYMENT:

 VISA MASTERCARD AMERICAN EXPRESS

A 2% surcharge applies on Visa and MasterCard transactions, 4% for American Express
 Please note that, for your security, all credit card details are destroyed after the transaction has been processed.

 OPTION 4 – PAYMENT PLAN: An administration fee of 5% on the total annual membership fee will be applied to the first invoice and is accepted. All payments will be by direct debit by the due date (30th of every month). Upon acceptance of the Payment Plan Agreement, Direct Debit forms will be sent.

Card number

Expiry date

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CVC (last 3 digits on back of card)

Name on card

Signature

THANK YOU