

# APPLICATION FOR MEMBERSHIP

## SECTION I

FULL MEMBERSHIP

ASSOCIATE MEMBERSHIP

Name of Organisation/Company: .....

ABN: ..... ACN: .....

Street Address: .....

.....

State: ..... Post Code: .....

Postal Address (if different): .....

.....

State: ..... Post Code: .....

Website: .....

Telephone: ..... Fax: .....

Email: .....

Nominated Representative: .....

The Proprietor/Partners/Directors are: .....

.....

Average Annual Turnover: .....

Current Number of Employees: .....

These Federation Members would be prepared to support this application

Proposer's Name: .....

Seconder's Name: .....

Type of Business/Products .....

.....

.....

Does your company have an Integrated Management System in place? Yes / No

Is your company a Civil Train client? Yes / No

If no, can a Civil Train representative contact you with information on Civil Train services? Yes / No



# ADDITIONAL CONTACT DETAILS

## KEY CONTACTS

We want to keep you informed - please tick which communications you would like to receive

- ALL CORRESPONDANCE
- QLD : INSIGHT
- E NEWS
- EVENT INVITES
- OTHER PUBLICATIONS

Primary Contact (Voting & Constitutional Rights)	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Finance/Administration Officer	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Workplace Relations Manager	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Workplace Health & Safety Officer	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Environmental/ Sustainability Contact	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Training Contact	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Marketing Contact	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Additional Contact	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Additional Contact	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						
Additional Contact	NAME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POSITION						
	MOBILE		PHONE				
	EMAIL						



## SECTION 2

I, ..... of .....

Organisation/Company hereby apply to be admitted as a Contractor Member of the Civil Contractors Federation, and if admitted, undertake to abide by the rules and ethics of the Federation, amended from time to time, and also any regulations made by the Executive Committee in accordance with the rules.

Dated this ..... day of ..... 20 .....

Signature .....

CCF treats all personal information retained on clients, members, and their employers with the utmost privacy. This applies except where disclosure of personal information is compelled by law, is in the public interest and disclosure is justified, or with your consent. In these circumstances we prohibit the third parties from using the information provided for anything other than the express purpose for which it was applied. Please contact this office for further information at [ccfqld@civilcontractors.com](mailto:ccfqld@civilcontractors.com). A copy of our Privacy Policy is also posted on our website [www.civilcontractors.com](http://www.civilcontractors.com)

### FOR OFFICE USE ONLY

Accepted ..... Paid ..... Inv. Number .....

## THANK YOU

Please return the completed application form to:

THE CIVIL CONTRACTORS FEDERATION  
Level 2, Oxley House  
25 Donkin Street  
South Brisbane QLD 4101

Fax: (07) 3360 7944

Email: [ccfqld@civilcontractors.com](mailto:ccfqld@civilcontractors.com)