

## WIAA MEMBERSHIP RENEWAL

Company	
Address	
Postal	
Telephone	
Facsimile	
Delegate	
Email address of delegate	
Number of working principals	
Number of scale makers & apprentices	
Service range	
Service range	
Service range	
Company Endorsements	
Company Endorsements	
Company Endorsements	
For companies with interstate offices please advise the appropriate address and name of local delegate	
Signature of applicant	

1 – 6 persons employed full or part-time (\$300.00) \$

7 or over persons employed full of part-time (\$400.00) \$

Indicate below which of the following states or territories you currently operate your business out of (\$100 per state or territory)

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

Number of state operated in: \_\_\_\_\_ \$

Total amount due \$

Note: WIAA is not registered for GST. Our ABN is: 88 002 594 185

**Our payment terms are 30 days.**

**Please email your completed membership application form and remittance advice to PKF (see email address below).**

We accept direct deposit to Westpac

**BSB** 032-099

**Account No.** 191084

Please include your company name as a reference in the transaction name so we can identify your payment. It is preferred that you pay by direct deposit however we can accept payment by cheque. Once you have made payment please email this Remittance advice to [wiaa@theassociationspecialists.com.au](mailto:wiaa@theassociationspecialists.com.au)

By Post

**Att. Megan Ogier**  
**PO Box 576 Crows Nest NSW 1585**