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APPLICATION FOR AHSCA MEMBERSHIP (Rev B)

(for individuals not sponsors)

Given Name(s): Surname:		
Name of Practice / Firm:		
Address for Correspondence:		
	Post C	Code:
	1	
Occupation:	Years Experie	ence:
Telephone (BH): Email:		
Membership Category Requested: Associate Member		Member
(see footer for description)		
Student Member		Plumbing Inspector
Were (are) you already an AHSCA member?	If Yes, what S	tate
The name and signature of two (full) members of the AHSCA hereunder: (IF NONE KNOWN, LEAVE BLANK FOR AHSCA CONSIDERATION NEXT PAGE)	•	
Nominated By (print):	Signature:	
Seconded By (print):	Signature:	

For Membership; please provide a copy of your Resume detailing your qualifications, projects and experience.

ASSOCIATION OF HYDRAULIC SERVICES CONSULTANTS AUSTRALIA / AHSCA RESEARCH FOUNDATION LTD (ACN 614 206 521)



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PROFESSIONAL RE	FERENCES		
	ble to secure nomination from existing Al rofessional references.	HSCA member	rs please provide contact
Reference 1 (print):		Email:	
Reference 2 (print):		Email:	
information provided courses run by the therefore not always a subject to successful	ided in this membership application is to may be used to contact nominators, secon AHSCA / AHSCA Research Foundation available in each State or Territory. I furthe completion of training courses and demor design techniques. I authorize the AHSC endorsed promotions.	onders or refer are limited to r understand unstration of pro	ences. I understand that minimum numbers and se of online calculators is ficiency in traditional and
	SCA (Logo) Trademark and Wordmark (and that limitations on member use exis		
I wish to enroll in the facilitate this the AHS	ONNECTION SUBSCRIPTION free Plumbing Connection subscription a SCA will provide Patchell Publishing with (If other address is preferred please provi	the "Address	
Cost of Membership:	\$150.00 Australian Dollars per Annum (no	n-voting memb	ership category).
Signature of Applicant		Date):