

APPLICATION FOR MEMBERSHIP 2021

Membership period: 1 January - 31 December 2021



WMRR NATIONAL OFFICE

57 St Johns Road
GLEBE NSW 2037
ABN 78 071 897 848
info@wmrr.asn.au | www.wmrr.asn.au

Membership type (please tick):

- Corporate – for public or private companies
- Government – for local, state or federal governments

YOUR ORGANISATION'S CONTACT DETAILS

Organisation: _____

ABN: _____

Street/Postal Address _____

Suburb/City: _____ State: _____ Postcode: _____

Country (complete only if not in AUSTRALIA): _____

Phone: () _____

PRIMARY CONTACT

Note: the primary contact is the account administrator and does not have to be a member

Account administrators manage the company profile, are responsible for member lists, renewals and can manage individual accounts on behalf of anyone listed on the company profile – Call 02 8746 5000 or email info@wmrr.asn.au for more information

Name: _____

Phone: () _____

Email: _____

WHAT TYPE OF ORGANISATION ARE YOU? (please select ONE only)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Academia / Research | <input type="checkbox"/> Equipment Supplier | <input type="checkbox"/> Manufacturer / Generator | <input type="checkbox"/> Remanufacturing |
| <input type="checkbox"/> Construction & Demolition | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Multiple Services | <input type="checkbox"/> Resource Recovery |
| <input type="checkbox"/> Collection / Transport | <input type="checkbox"/> Hazardous Waste | <input type="checkbox"/> MSW | <input type="checkbox"/> State Government |
| <input type="checkbox"/> Commercial & Industrial | <input type="checkbox"/> Industry Body | <input type="checkbox"/> Organics / Composting | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Education / Training | <input type="checkbox"/> Landfill | <input type="checkbox"/> Professional Services | _____ |
| <input type="checkbox"/> Energy from Waste | <input type="checkbox"/> Local Government | <input type="checkbox"/> Recycling | _____ |

WHAT IS THE SIZE OF YOUR ORGANISATION (IE NO. OF PEOPLE)? _____

WHAT YEAR WAS YOUR ORGANISATION FOUNDED? _____

HOW DID YOU HEAR ABOUT WMRR? (please select ONE only)

- | | |
|--|--|
| <input type="checkbox"/> Friend / Colleague | <input type="checkbox"/> WMRR Event |
| <input type="checkbox"/> Inside Waste Magazine / Website | <input type="checkbox"/> Other Event |
| <input type="checkbox"/> Web Search | <input type="checkbox"/> Other Publication |
| <input type="checkbox"/> WMRR Website | <input type="checkbox"/> Social Media |

YOUR PREFERRED MEMBERSHIP TYPE (please select ONE only)

All amounts quoted are annual fees and in Australian dollars (includes GST).

	<input type="checkbox"/> Corporate 1 / Government 1	<input type="checkbox"/> Corporate 2 / Government 2	<input type="checkbox"/> Corporate 3 / Government 3	<input type="checkbox"/> Corporate 4 / Government 4
Price/Inclusions	\$505.00 includes 1 Member Affiliate	\$1,675.00 includes up to 4 Member Affiliates	\$9,270.00 includes up to 26 Member Affiliates	\$15,000.00 includes up to 51 Member Affiliates
Additions	\$335 (pp) for up to 2 Additional Affiliates	\$335 (pp) for up to 21 Additional Affiliates	\$335 (pp) for up to 24 Additional Affiliates	\$335 (pp) for unlimited Additional Affiliates

PAYMENT METHOD

Your membership will become active once payment is received

1. Credit Card:

MasterCard Visa

Card Number: _____ Expiry Date: _____ CCV: _____

Cardholder's Name: _____

Cardholder's Signature: _____

A credit card surcharge of 1.3% will apply

Tax Invoice to: _____ Email: _____ Phone: () _____

2. Other

To discuss other payment options, please contact the WMRR Office on (02) 8746 5000

NOTES

- A WMRR Membership runs from 1 January to 31 December each year. Applications made at any time throughout the year are charged at the full annual rate, unless otherwise specified.
- We collect and manage personal information in accordance with the Australian Privacy Principles (APPs) and other requirements of the *Privacy Act 1988*.
- Each membership has a primary contact as completed above. A reminder that the primary contact is the account administrator and may or may not be a member.
- Each membership consists of Member Affiliates (part of the membership package) and Additional Affiliates (additional members). Please complete the form below (page 3 and/or 4) for each Member Affiliate and Additional Affiliate to be included in your membership.
- If you'd like help completing your application, please contact the WMRR National Office on (02) 8746 5000.
- Send all completed forms to info@wmrr.asn.au

MEMBER AFFILIATE

Must be completed for each Member Affiliate (refer to page 2 for inclusions)

YOUR CONTACT DETAILS

Title: _____ First Name: _____ Surname: _____

Organisation (if different to page 1): _____

Position: _____

Street Address
(if different to page 1): _____

Suburb/City: _____ State: _____ Postcode: _____

Country (complete only if not in AUSTRALIA): _____

Postal Address:
(if different to page 1): _____

Suburb/City: _____ State: _____ Postcode: _____

Work Phone: () _____ Fax: () _____ Mobile: _____

Email: _____

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WHICH STATE WORKING GROUP(S) WOULD YOU LIKE TO JOIN?

No additional annual membership fee unless otherwise indicated.

State Working Groups:

Resource Recovery & Market Devt. (NSW, QLD, VIC, SA/NT)

Energy from Waste (NSW, QLD, VIC, WA, SA/NT)

Landfill (NSW, QLD, VIC, WA, SA/NT, TAS)

Construction & Demolition (NSW, QLD*, WA)

*Combined with landfill

Waste Educators (NSW, QLD, VIC, WA, SA/NT)

Young Professionals^ (NSW, QLD, VIC, SA/NT)

^35 years and younger

Please contact WMRR at info@wmrr.asn.au if you would like to join your State Branch Committee.

WHAT INFORMATION WOULD YOU LIKE TO RECEIVE FROM WMRR?

These communications will be sent to you via email.

NSW / ACT Events & Notices

QLD Events & Notices

SA / NT Events & Notices

VIC / TAS Events & Notices

WA Events & Notices

National Events & Notices

Paid Communications, Tenders & Job Advertisements

eNews

DECLARATION

I hereby make application for Membership of the Waste Management and Resource Recovery Association of Australia (WMRR) on behalf of my organisation and, if accepted, agree to be bound by the Constitution, Rules and By-Laws made thereafter, and to adhere to the Code of Conduct. For more information go to www.wmrr.asn.au

Signature: _____ Date: _____

Full Name: _____

ADDITIONAL AFFILIATE
Must be completed for each Additional Affiliate

YOUR CONTACT DETAILS

Title: _____ First Name: _____ Surname: _____

Organisation (if different to Page 1): _____

Position: _____

Street Address
(if different to Page 1): _____

Suburb/City: _____ State: _____ Postcode: _____

Country (complete only if not in AUSTRALIA): _____

Postal Address:
(if different to above): _____

Suburb/City: _____ State: _____ Postcode: _____

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| <input type="checkbox"/> QLD Events & Notices | <input type="checkbox"/> National Events & Notices |
| <input type="checkbox"/> SA / NT Events & Notices | <input type="checkbox"/> Paid Communications, Tenders & Job Advertisements |
| <input type="checkbox"/> VIC / TAS Events & Notices | <input type="checkbox"/> eNews |

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Signature: _____ Date: _____

Full Name: _____

END.