

MEMBERSHIP APPLICATION FORM

SECTION 1 – MEMBER CONTACT INFORMATION



TITLE	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other title, please specify:
FULL NAME	
COMPANY NAME	
COMPANY LICENCE NUMBER & TYPE	PERSONAL QUALIFICATION NUMBER
JOB TITLE / OCCUPATION	
WEB SITE	
PRIMARY EMAIL	
ALTERNATE EMAIL	
ADDRESS 1	ABN
ADDRESS 2	WORK TELEPHONE
SUBURB	MOBILE PHONE
STATE	POST CODE

SECTION 2 – DETAILED MEMBER INFORMATION

YEAR OF CURRENT BUSINESS ESTABLISHMENT	
TOTAL NUMBER YEARS INDUSTRY EXPERIENCE	
TOTAL NUMBER OF STAFF	
TOTAL NUMBER OF FIELD STAFF	
MEMBER OF AFFILIATED INDUSTRY ORGANISATIONS (Specify organisation)	
WEB SITE OF AFFILIATED INSTITUTION /ORGANIZATION:	
AREAS OF YOUR ACADEMIC /PROFESSIONAL INTERESTS:	

SECTION 3 – NOMINATION DETAILS

NOMINATED BY			
SECONDED BY			
Member Declaration: I promise to abide by the rules and regulations of the NESTA as set out in its constitution (available at the web site).			
Print Name		Signature	
Company Name		Date	

SECTION 4 – SELECT MEMBERSHIP TYPE

MEMBER TYPE	DESCRIPTION	JOINING FEE	Please Tick	ANNUAL MEMBERSHIP FEE	Please Tick
Ordinary 1	Total staff number between 1 and 5	\$50.00		\$200.00	
Ordinary 2	Total staff number 6 and greater	\$50.00		\$500.00	
Ordinary 6	Supplier	\$50.00		\$500.00	

SECTION 5 - PAYMENT METHODS

Payment Method	Type	Details	EFT Reference / Cheque Number
	Direct EFT to NESTA Bank Account using your ABN as the reference number please	Account name: National Electrical Safety Testing Association Inc BSB: 064184 Account Number: 10833433	
	Cheque made payable to	National Electrical Safety Testing Association Inc PO Box 263 Cherrybrook NSW	
<input type="checkbox"/> YES <input type="checkbox"/> NO		Please add my company name, website and email address (as listed above) to the Free Members Listing on the NESTA website. (Members will be listed in alphabetical order via State)	

PLEASE NOTE: MEMBERSHIP IS PER ABN NUMBER.

This means if you are a member of a group or a franchisee, only your franchise will be deemed a member. Member only benefits include voting rights, access to support, information, and other membership advantages including the use of the National Electrical Safety Testing Association Inc name or logo in any promotional material or on your company letterhead in addition to any other benefits derived from being a member as deemed by the association.

Unless a member, the franchisor, master franchisee or any other non-member from the particular franchise group is NOT permitted to pass off any ties at all with NESTA. It will be deemed an offence and action will be taken against the person/organisation involved.

All applications will be considered by the NESTA Committee prior to acceptance. NESTA's receipt of payment and/or receipt of written membership application does not constitute NESTA's acceptance of an application. The NESTA Committee reserves the right to decline a membership application. Applicable membership fees for any applying business or organisation may be reviewed following receipt of application and/or receipt of funds. NESTA reserves the right to request additional information from the applicant prior to acceptance of application. In the event an application for NESTA membership is declined, any received payments will be refunded in full.

The Management Committee has decided that Public Liability insurance is not required.

SUBMIT THIS FORM HERE:

NOTE: If you don't have an Adobe Digital Signature you can still submit this form digitally using the above button. Please note that this button does not operate from Firefox or Chrome - please print the form, scan and submit by email. NESTA will require a signed copy before your application can be completed (can be printed, scanned or faxed).

NESTA Use Only			
Membership Approved Date		Payment processed by	
Comments			