



# Australian Training & Safety Institute Ltd

## Membership Application Form

The Australian Training & Safety Institute is a not-for-profit member-based organisation which is committed to continual improvement of health, safety and environmental performance as well as enhancing the business performance of its corporate members.

There are different types of AT&SI memberships available. All memberships include the following:

- Discounted fees on all distance education
- Discounts on Consultancy services
- Discounts on AT&SI Seminars and Conferences
- Interest item newsletters
- Networking opportunities
- Legal Updates on WH&S

**Individual Membership Applications - Please complete Section One**

**Corporate Membership Applications - Please complete Section Two**

### Section One

#### 1. APPLICATION FOR INDIVIDUAL MEMBERSHIP

<input type="checkbox"/>	Associate Membership – Has access to all membership services, and a further 10% discount on all full price distance education.	\$125 p.a
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QLD Division    NSW Division    VIC Division    ACT Division    WA Division    NT Division    TAS Division

#### 2. PERSONAL DETAILS

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Phone (H): (\_\_\_\_) \_\_\_\_\_ Phone (W): (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### 3. CURRENT EMPLOYMENT DETAILS

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_  
 Please send all AT&SI Correspondence to:    Work Address    Home Address

#### 4. EDUCATIONAL DETAILS

Submit details of education and training relevant to this application. .

Course Name	Institution	Year

#### 5. QUALITY ASSURANCE and/or WORKPLACE HEALTH & SAFETY and/or ENVIRONMENTAL EXPERIENCE

Date	Company	Position	Description



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### Section Two

#### 6. CORPORATE MEMBERSHIP APPLICATION DETAILS

Corporate Membership - Has access to all membership services, and a further 30% discount on all full price distance education.

<input type="checkbox"/>	Corporate Membership – 1 Year	\$220 p.a
<input type="checkbox"/>	Corporate Membership – 5 Year	\$660
<input type="checkbox"/>	Corporate Membership – 10Year	\$1100
<input type="checkbox"/>	Corporate Membership – Lifetime	\$2500

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

Industry Type: \_\_\_\_\_ Years in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Nominated Member (Chief Executive): \_\_\_\_\_ Title: \_\_\_\_\_

HR Manager/Office/Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

Training Manager/Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

WH&S Manager/Coordinator/Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Operations Manager/Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

#### 7. OTHER PROFESSIONAL MEMBERSHIP DETAILS

Organisation	Year of Joining	Membership Type

#### 8. REFERENCES

Name	Address	Contact Phone Number

#### 9. APPLICANTS DECLARATION

The information I have provided within this application is correct and I have no objection to it being checked for accuracy. If this application is accepted, I agree to adhere to the Australian Training & Safety Institute Code of Conduct.

**Authorised by:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### OFFICE USE ONLY

Actioned By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

AT&SI has received payment with the application:  Yes  No

AT&SI has carried out a check of the applicant's information and found it to be true and correct:  Yes  No

Membership has been approved:  Yes  No  
 The applicant has received:

Membership Certificate:  Current Newsletter:  Information Pack: