



MEMBERSHIP APPLICATION FORM

Applicants seeking Membership as an Associate or Student should only complete Sections A, B, D and E.
Applicants seeking Membership as a Member or Fellow should complete all Sections and attach a copy of your CV and a certified copy of relevant qualifications.

PERSONAL DETAILS

(PLEASE USE BLOCK LETTERS)

Surname Given Names
(Mr, Mrs, Ms etc)

Date of Birth Email

Facebook Profile Name Instagram Handle

Mailing Address

Telephone (Daytime) Mobile

PRESENT EMPLOYMENT

Name of Employer Job Title

Suburb Postcode Date Appointed

PART A

EDUCATIONAL QUALIFICATIONS

From	To	University, TAFE etc	Degree, Diploma, Professional Qualifications
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INDUSTRY EXPERIENCE

Dates

From	To	Job Title	Name of Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PART B

PART C

PROPOSERS AND SECONDRERS

Proposers and seconders must hold the appropriate grade of membership as shown below.

For FELLOW Two Fellows
For MEMBER, ASSOCIATE OR STUDENT Two Fellows or two Members or a combination thereof

We hereby recommend the above applicant for election / transfer (please delete) as outlined above.

Signature of Proposer Membership Grade

Name (block Letters) Date

Signature of Seconder Membership Grade

Name (block letters) Date

PART D

APPLICANT'S DECLARATION

I hereby apply for election / transfer to the grade of:

Student Associate Technical Member Member Fellow

I certify that the statements made by me in this application are correct and should I be admitted, will abide by the Institute's Code of Conduct.

Signed Date

PART E

PAYMENT BY: MASTERCARD / VISA / AMERICAN EXPRESS
(we do not accept Diners Club card)

\$

Cardholder's Name Cardholder's Signature

Card Number Expiry Date /

I would like to know more about/ join the Young Members Network (YMN) Yes No
I would be interested to upgrade my membership during the next 12 months Yes No

PLEASE FORWARD YOUR APPLICATION TO:

Your Local Institute Branch
(see www.quarry.com.au for details)

or

Membership Service Co-ordinator
PO Box 6447
North Ryde NSW 2113
email: admin@quarry.com.au

FOR OFFICE USE ONLY

Membership Committee Comments

Chairman's Signature

Membership Number Branch

PRIVACY OF YOUR PERSONAL INFORMATION

The Institute of Quarrying (IQA) is committed to handling your personal information in accordance with the Australian Privacy Principles, which are contained in the Privacy Act 1988 and the Privacy Admendment Act 2014.

Collection, Use and Disclosure of your Personal Information

By providing your personal information you acknowledge and declare that, and consent to:-

1. IQA collecting and using your personal information for the following purposes:
 - a. To assess your current and subsequent application;
 - b. To update your information; and
 - c. To provide branches with your details for IQA and IQA approved functions and activities.
2. IQA collecting your personal information from, and disclosing it on a confidential basis to, the following:
 - a. IQA related entities – CP Board (QMCS), AIQEF, Committees and Advisory Council;
 - b. IQA contracted agents and third parties – Professional conference organisers, Quarry Magazine publisher and Suppliers (for Industry Award purposes); and
 - c. Government departments and agencies (under law), law enforcement agencies, investigators, lawyers and medical providers (under law).
3. IQA Products, Services and Marketing as follows:
 - a. To provide information and offers about a range of products and services offered by us and our related entities whose products and services we promote; and
 - b. For industry development and market research.

You will inform IQA if you do not want your personal information to be used or disclosed to our related entities

If in doubt about these protocols or about the IQA's Privacy Act and Access to Information Policy (P15-10) and its application, you are encouraged to seek guidance from the IQA Company Secretary.