

Progressing Business Institute Limited ABN 15 131 636 103
Membership Application Form
Division



MEMBERSHIP DETAILS

Mr Mrs Miss Ms Other _____

Surname: _____ First Name: _____ Initial: _____ D.O.B: ____/____/____
DAY / MONTH / YEAR

Position: _____ Organisation Name: _____

Organisation Value: Small \$0-5M Medium \$5-25M Large/Govt \$25M+

Postal Address: _____

 _____ Postcode: _____

Telephone: _____ Facsimile: _____ Mobile: _____

Email: _____ Website: _____

PAYMENT

EFT – BSB 124005 account number 21463228 account name PBI

Mastercard Visa AMEX (2.5% is charged for credit card payments)

Card Number

Amount: \$ _____ Card Expiry Date: _____
DAY / MONTH / YEAR

Name on Card: _____ Cardholder's Signature: _____

Industry Sector Tick one only

<input type="checkbox"/> A Education	<input type="checkbox"/> G Government	<input type="checkbox"/> M Software	<input type="checkbox"/> S Tourism
<input type="checkbox"/> B Hospitality	<input type="checkbox"/> H Food/Beverage	<input type="checkbox"/> N Communication	<input type="checkbox"/> T Energy/Environmental
<input type="checkbox"/> C Building/Construction	<input type="checkbox"/> I Training	<input type="checkbox"/> O Electronic	<input type="checkbox"/> U Pharmaceutical
<input type="checkbox"/> D Farming/Agricultural	<input type="checkbox"/> J Manufacturing	<input type="checkbox"/> P Certification	<input type="checkbox"/> V Service (please provide details)
<input type="checkbox"/> E Mining	<input type="checkbox"/> K Transport	<input type="checkbox"/> Q Retail	_____
<input type="checkbox"/> F Health	<input type="checkbox"/> L Financial	<input type="checkbox"/> R Consultant	_____

Declaration by Applicant

I agree that, on the acceptance of my application for membership by the Progressing Business Institute Limited, I shall be governed by the Memorandum and Articles of Association and the By-laws of the Organisation, pay my subscriptions as they become due and that I shall advance the aims of the Organisation as far as practical in my power until I resign my membership in writing. I certify that all statements contained in this form are, to the best of my knowledge, true and correct.

Signature of Applicant: _____ Date: _____



Mailing Address Progressing Business Institute
 PO Box 15205
 City East
 QLD 4002
 ABN: 15 131 636 103

Contact Ph: 07 3816 2255
 Fax: 07 3816 2288
 Web: www.pbainstitute.net/join.htm

A Division is a grouping of individuals with like interests. Divisions are not geographically separated and cross Regional and State boundaries. Divisions conduct their own networking opportunities and conferences. Divisions develop their own training needs. Divisions manage their own conferences. Divisions develop and manage their own Professional Registers. Divisions organise articles for the Progressing Business eZine and submit them for publication.

Annual Subscription

(includes GST). I wish to join the following (tick relevant boxes)

Division	AOQ-QLD®	
	12 months 01 July 2011 30 June 2012	6 months 01 Jan 2012 30 June 2012
Aerospace Division	250.00 <input type="checkbox"/>	140.00 <input type="checkbox"/>
Lean Six Sigma Division	250.00 <input type="checkbox"/>	140.00 <input type="checkbox"/>
Aged Care Division	250.00 <input type="checkbox"/>	140.00 <input type="checkbox"/>
Pharmaceutical & Medical Devices Division	250.00 <input type="checkbox"/>	140.00 <input type="checkbox"/>
Energy Conservation Division	250.00 <input type="checkbox"/>	140.00 <input type="checkbox"/>
Entrepreneur Division	250.00 <input type="checkbox"/>	140.00 <input type="checkbox"/>
Division (if a current member of AOQ-QLD® or employee of a Corporate Member)		
Aerospace Division	30.00 <input type="checkbox"/>	30.00 <input type="checkbox"/>
Lean Six Sigma Division	30.00 <input type="checkbox"/>	30.00 <input type="checkbox"/>
Aged Care Division	30.00 <input type="checkbox"/>	30.00 <input type="checkbox"/>
Pharmaceutical & Medical Devices Division	30.00 <input type="checkbox"/>	30.00 <input type="checkbox"/>
Energy Conservation Division	30.00 <input type="checkbox"/>	30.00 <input type="checkbox"/>
Entrepreneur Division	30.00 <input type="checkbox"/>	30.00 <input type="checkbox"/>

MAILING ADDRESS

PBI
 PO Box 15205 **Ph:** 07 3816 2255
 City East **Fax:** 07 3816 2288
 QLD 4002 **Web:** www.pbainstitute.net/join.htm

NB: Membership Annual Subscription Fees are subject to change through Board decisions.

For office use only.

Received Date _____

Processed date _____

Council approved date _____

Applicant advised date _____