**AfPA Membership Application**

|  |
| --- |
| **Company/Applicant Name** |
| Company/Applicant Name: | ABN: |
| Trading Name: |
| Street Address: |
| Suburb: | State: | Postcode: |
| Website: |
| **Company/Individual Contact for the Association** |
| First Name: | Last Name: |
| Email: |
| Job Title: | Phone: |
| Suburb: |
| Phone: |
| **Company Information** |
| What State/s do you operate in? |  |
| Where do you operate primarily? |  |
| Membership Category you are applying for: |  |
| Annual Tonnage (Producer Member applicants only): |  |
| How long has the company been in business? |  |
| How many staff does the Applicant Company employ? |  |
| What are your reasons/ motivations in joining AfPA? (Tick the options that apply or provide your own answer in Other)[ ]  Networking [ ]  Training[ ]  Technical Documentation and Talks / Webinars[ ]  Representation / Influence[ ]  Other (Please type reason) ………… |
| What areas of activity are undertaken by Company (e.g. Spray Sealing, Staffing, Traffic Management, Pavement Design, Consulting, Equipment Supply)? |
| Tell us about some of the projects you have been a part of? (50 words or less) |
| Who have you worked with in the Industry? (Name some of your customers/partners/supporters) |