

MEMBERSHIP APPLICATION FORM

Applicant Name: _____

Organisation: _____

Postal Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Street Address: _____

Suburb: _____ **State:** _____ **Postcode:** _____

Office Phone: _____ **Mobile:** _____

Email: _____

Type of membership: (Please tick appropriate membership type)

- Ordinary Member (For individuals and organisations engaged in one or more of the energy or telecommunications sectors listed)
- Associate Member (For individuals, organisations and government bodies with an interest in supporting Energy Skills Queensland)

Sector: (Please tick appropriate sectors, if any)

- | | | |
|--|--|---|
| <input type="checkbox"/> Electrotechnology | <input type="checkbox"/> Electricity Supply and Rail | <input type="checkbox"/> CSG to LNG |
| <input type="checkbox"/> Gas Transmission & Distribution | <input type="checkbox"/> Power Generation | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Sustainable & Renewable Energy | | |

Interest Group: (Please tick appropriate interest group)

- | | | |
|--|--|---|
| <input type="checkbox"/> Advisor/Consultant | <input type="checkbox"/> Electrical Contractor | <input type="checkbox"/> Energy Distributor |
| <input type="checkbox"/> Engineering/Project Manager | <input type="checkbox"/> Government Department/Regulator | <input type="checkbox"/> Manufacturer/Distributor |
| <input type="checkbox"/> Owner/Operator | <input type="checkbox"/> Service Provider | <input type="checkbox"/> Training |
| <input type="checkbox"/> Other: _____ | | |

I hereby apply for Membership of Energy Skills Queensland and agree to abide by the Company Constitution and any By-Laws set from time to time.

Signature: _____ **Date:** ___/___/___

Proposer (Proposer must be an existing ESQ Member - see list of members)

This application is Moved by (name of Proposer): _____

Signature (of Proposer): _____ Date: ___/___/___

Secunder (For ESQ Office use only)

This application is Secundered by (name of Secunder): _____

Signature (of Secunder): _____ Date: ___/___/___

Please submit the completed form to esgreception@energyskillsqld.com.au or fax to 07 3870 9291