



Australian Landfill Owners Association Ltd

Associate Membership Application – 2017

Associate Membership allows landfill owners with landfill less than 15,000 tonnes of waste per annum to join ALOA. Refer Associate Member Policies and Procedures for details on membership rights and benefits

Please complete this form for membership.

Entity Name _____

Postal Address _____

City _____ State _____ Postcode _____

Phone _____ Fax _____ Website _____

Quantity of Landfill received per annum: _____ tonnes

PRIMARY MEMBERSHIP CONTACT (for membership, billing and other information) - *required*

Title _____ First Name _____ Surname _____

Position _____

Postal Address _____

City _____ State _____ Postcode _____

Phone _____ Fax _____ Mobile _____

Email _____

OWNER / CEO - *required*

Title _____ First Name _____ Surname _____

Position _____

Postal Address _____

City _____ State _____ Postcode _____

Phone _____ Fax _____ Mobile _____

Email _____

Please list ALL Landfill sites for your Entity:

1	Site Address:	City:	State:	P/C
	Contact Name			
	Phone	Email		
2	Site Address:	City:	State:	P/C
	Contact Name			
	Phone	Email		
3	Site Address:	City:	State:	P/C
	Contact Name			
	Phone	Email		
4	Site Address:	City:	State:	P/C
	Contact Name			
	Phone	Email		
5	Site Address:	City:	State:	P/C
	Contact Name			
	Phone	Email		

PAYMENT DETAILS

As at December 2017, Membership fees are as follows:

Landfill Received Per Annum	Membership Per Annum (INC GST)
Less than 15,000 tonnes	\$ 550

Payments:

Electronic Payments:
 Australian Landfill Owners Association
 Account Number: 316295 BSB: 033 146



Amount: (INC GST) \$ _____

PRIVACY DECLARATION

ALOA acknowledges and respects the privacy of individuals. This information that is being collected in this document is for the purpose of processing your registration or inquiry, keeping you informed of information and assisting us provide information to you. The intended recipient of the information is ALOA. You have the right to have access to, and alteration of personal information concerning you in accordance with the Act and ALOA's Code of Practice.

TERMS AND CONDITIONS

- By completing and submitting this form you agree to be bound by all the terms and conditions applicable to Associate membership of ALOA. Those terms and condition are set out in full on the internet at www.aloa.com.au and may be altered from time to time.
- ALOA Associate membership is subject to the Constitution of the organisation, which is available at www.aloa.com.au.
- Associate Membership of ALOA is for a period of 12 months starting from January 1, 2017. Membership fees are payable and not refundable. To cancel or resign your membership, you must provide notice in writing.
- Associate Membership services and information may be suspended if you do not pay your membership renewal fees in a timely manner.
- Associate Membership services and information may vary from time to time. ALOA cannot guarantee that services offered at the time of joining or renewal will continue for the whole period that you are a member.
- ALOA's liability is limited. Please check the full terms and conditions carefully.

DECLARATION (to be completed by Primary Membership Contact)

I agree to ALOA's terms and conditions of Membership (please tick)

I (please print name) _____

Hereby apply for membership of ALOA

Signature _____ Date _____