

Associate Membership allows non landfill organisations to join ALOA.

Please complete this form for membership.

Entity Name _____

Postal Address _____

State _____

Postcode _____

Phone _____

Area of business: _____

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

First Name _____

Surname _____

Position _____

Postal Address _____

City _____

State _____

Postcode _____

Phone _____

Mobile _____

Email _____

PAYMENT DETAILS

Membership fees for 2020 are \$6,675 (pro rata from 1 January)

Amount: (INC GST) \$ _____

Electronic Payments:

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

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

1. By completing and submitting this form you agree to be bound by all the terms and conditions applicable to Associate membership of ALOA. Terms & condition are set out in at www.aloa.com.au and may be altered from time to time.
2. Associate membership is subject to the Constitution of the organisation.
3. Associate Membership is for 12 months from January 1, 2020. Fees are non-refundable. Cancellations must be in writing.
4. Associate Membership services & information may be suspended if you do not pay your renewal fees in a timely manner.
5. Associate Membership services & 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.
6. 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 _____