

Australian Landfill Owners Association Ltd Membership Application

One Membership Application is required per Landfill entity.

Membership is restricted to Landfill entities who receive more than 15,000 tonnes of Landfill annually.

Please complete	this form for membership.			
Entity Name				
Postal Address				
City	State	Postcode		
Phone	Fax	Website		
Quantity of Land	tonnes			
PRIMARY MEMBI	ERSHIP CONTACT (for membership	o, billing and other information) - required		
Title	First Name	Surname		
Position				
Postal Address			-	
City	State	Postcode		
Phone		Mobile		
Email				
OWNER / CEO - r	required			
Title	First Name	Surname	-	
Position				
Postal Address				
City	State	Postcode	_	
Phone	Fax	Mobile	-	
Email			-	



Signature

Ple	ase list ALL Landfill sites for y	our Entity:							
	C'I. A I I	C ::	C	D / C					
1	Site Address:	City:	State:	P/C	_				
	Contact Name	Email			_				
2	Phone Site Address:	City:	State:	P/C	_				
2	Contact Name	City.	State.	P/C	_				
Phone		Email			_				
3 Site Address:		City:	State:	P/C					
5	Contact Name	city.	state.	176	_				
Phone		Email			_				
4 Site Address:		City:	State:	P/C					
Contact Name		J. 1, 1	544.51	.,, -	_				
	Phone	Email			_				
PA	YMENT DETAILS								
Me	mbership fees effective 01/01/20	025:							
	ndfill Received Per Annum	Membership P/A (INC GST)	Payments:						
			INVOICE to be issued or vi	a					
15,000 – 100,000 tonnes		\$ 2,926.00		Electronic Payment: Australian Landfill Owners Association Account Number: 316295 BSB: 033 146					
100,000 - 300,000 tonnes		\$ 4,928.00							
300,001 - 1,000,000 tonnes		\$ 11,528.00							
1,000,001 and above		\$ 18,738.50							
Δm	ount: (INC GST) \$								
AIII	ount. (IIVC 031) 5								
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 o f personal information concerning you in									
acco	ordance with the Act and ALOA's Coo	de of Practice.							
TEF	RMS AND CONDITIONS								
1.	By completing and submitting this f	form you agree to be bound by all the te	erms and conditions applicable to me	embership of ALOA.					
•		out in full on the internet at www.aloa.c		e to time.					
2. 3.		Constitution of the organisation, which of 12 months starting from January 1.		ot refundable. To can	ce				
0.	Membership of ALOA is for a period of 12 months starting from January 1. Membership fees are payable and not refundable. To cancel or resign your membership, you must provide notice in writing.								
4.	, , , , , , , , , , , , , , , , , , , ,								
5.	5. 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.								
6.		neck the full terms and conditions carefu	ılly.						
DF	CLARATION (to be completed	by Primary Membership Conta	ict)						
DECLARATION (to be completed by Primary Membership Contact)									
ıag	I agree to ALOA's terms and conditions of Membership (please tick) \square								
I (please print name)									
1 (1)	Arthur Francisco								
He	Hereby apply for membership of ALOA								

Date