



# National Interior Plantscape Association

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## MEMBERSHIP APPLICATION FORM

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Company or Trading Name: \_\_\_\_\_

Full Name(s): \_\_\_\_\_  
(include full names of all business partners)

Postal Address: \_\_\_\_\_

ABN: \_\_\_\_\_ Date of business commencement: \_\_\_\_\_

Street Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ After Hrs: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Other Info: \_\_\_\_\_

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**N I P A Corporate Partner: The Container Connection Group**

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Approx \$ turnover  
(this year): \_\_\_\_\_ (last year): \_\_\_\_\_

Main areas of work:

Design	<input type="checkbox"/>	Hire	<input type="checkbox"/>	Service	<input type="checkbox"/>
Product Sales	<input type="checkbox"/>	Supply	<input type="checkbox"/>	Other	<input type="checkbox"/>

Geographical Location(s):

ACT	<input type="checkbox"/>	NSW	<input type="checkbox"/>	NT	<input type="checkbox"/>	QLD	<input type="checkbox"/>
SA	<input type="checkbox"/>	TAS	<input type="checkbox"/>	VIC	<input type="checkbox"/>	WA	<input type="checkbox"/>

Years of experience in Plantscape industry:

Company: \_\_\_\_\_ Self: \_\_\_\_\_

QA Policy /  
QA Manager

\_\_\_\_\_

Qualifications:  
(include tertiary &  
technical/trade qualifications)

\_\_\_\_\_

\_\_\_\_\_

Public Liability Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Total Staff: \_\_\_\_\_ Trainees: \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Accordingly, I agree to be bound by the Memorandum and Articles and Rules of the Constitution and By-laws made there under.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2007

Please attach any company brochures and promotional literature

## **RETURN THIS APPLICATION AND INCLUDE A CHEQUE OR CREDIT CARD PAYMENT AS DETAILED BELOW**

NIPA reserves the right to refuse membership at the discretion of the Executive and Membership Committee

Cheque: (Payable to National Interior Plantscape Association)

Credit Card: Mastercard  Visa  Expiry  /

Card Number: \_\_\_\_\_

Cardholder's name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Office use only:

Date rec'vd:		Fee encl:		Data records updated (by):	
Application assessed (by):		Payment method:		Info pack issued (date):	



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