

Application for ASIEQ Associate Membership

Details of Applicant	
Organisation Name:	
Postal Address:	
Details of Nominated Representatives	
Representative 1 – (Primary Contact)	
Name:	Position:
Work Phone:	Mobile:
Email:	
Representative 2	
Name:	Position:
Work Phone:	Mobile:
Email:	
Is your Organisation a provider of Medical health, Safety or Injury Management services to Self-Insured Employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By completing and signing this application, the above named applicant confirms that it is an organisation that has an interest in the aims of the Association, self-insurance and/or employer based injury management and provides medical health, safety or Injury Management services to self-insured employers.

The applicant hereby applies for associate membership of the Association of Self Insured Employers of Queensland. If accepted as an associate member, the applicant agrees to abide by the Associations Constitution and Rules.

Name of person signing on behalf of the applicant: _____

Position: _____

Signature: _____

The Executive of the Association will consider the application within 14 days. If the application is accepted the secretariat will issue an invoice within 7 days. Current Fee for Associate Membership is \$990.00 (+ GST) pro rata from 1 October.

Please return the completed application form to the ASIEQ Secretariat at Suite 375, Level 1, 241 Adelaide Street, Brisbane QLD 4000, fax to 07 5429 8486 or email admin@asieq.com.au.