



APPLICATION FOR MEMBERSHIP

- 1. TABMA Queensland Membership**
 - \$150 plus GST per month (standard single site).
 - Additional sites \$50 plus GST per site per month.

- 2. TABMA Queensland with IR Service**
Dual Membership Deal Including:
 - TABMA Queensland.
 - Chamber of Commerce & Industry Queensland (CCIQ)
 - \$210.85 + GST per month

(For businesses with over 20 employees the rate is negotiated with Chamber of Commerce & Industry QLD (CCIQ).)

If Applicant is a Company please state:

Name of Company: ABN:

Is any related company engaged in the stocking or sale of timber or building materials? YES/NO

If YES, give details:

If Applicant is a Sole Trader or Partnership please state:

Name/s of Partner/s:

or Proprietor:

All Applicants to complete this section:

Trading Name:

Business name to appear on membership certificate:

Address: Post Code:

Postal address: Post Code:

Telephone Number: Facsimile Number:

E-mail: Web address:

Contact/Person: Position:

(Name in full please)

Reason for joining the Association:

.....

Details of Applicant (Ownership of business):

(Please circle)

Company Partnership Sole Trader

Membership of Group or Association:

- Mitre 10 Home Independent HIA MBA
- Timber Queensland HAQ CCIQ Other

Market Sector:

- Wholesale Timber Merchant Timber Merchant with Hardware Store
- Saw Mill Frame & Trusses Hardware Stores with Timber
- Treatment Plant Joinery Board Products
- Manufacturer Other.....

Trade ____% Retail ____%

I/We apply to become a member of Timber and Building Materials Association (QLD) Limited (TABMA) and if I/We am/are approved by the Board of Directors to become a member of TABMA I/We agree to be bound by the Memorandum and Articles of Association as amended from time to time. I/We undertake, if admitted to membership, to adhere, in the conduct of my/our business, to the terms of the TABMA Code of Ethics as published from time to time in so far as such individual terms apply to my/our business.

SIGNED THIS..... DAY OF 20.....

**ON BEHALF OF THE APPLICANT BY
 (Name of Signatory)**

**IN MY CAPACITY AS
 (Director/Partner/Proprietor)**

.....
(SIGNATURE)

** Members wishing to join Chamber of Commerce & Industry Queensland (CCIQ) are required to complete an additional Chamber of Commerce & Industry Queensland (CCIQ) application form.*

Please return completed form to TABMA QUEENSLAND
FAX :: (07) 3254 4599
POST :: PO BOX 532, FORTITUDE VALLEY QLD 4006
EMAIL :: INFO-QLD@TABMA.COM.AU

