



Application for admission as a Member of the AWBA

This category is open to individuals who have ongoing and significant experience in the water broking profession. Applicants will have operated in the area for some time with a high degree of professional standards and conduct.

Personal Details Please print in BLOCK CAPITALS

Title	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other (please specify)	<input type="text"/>
Surname	<input type="text"/>					Given Names (in full)	<input type="text"/>					
Date of Birth	<input type="text"/>					Sex	F	<input type="checkbox"/>	M	<input type="checkbox"/>		

Contact Details Please print in BLOCK CAPITALS

Preferred contact address Private Business (Please complete both Private and Business details)

Private Address

Address	
<input type="text"/>	
<input type="text"/>	
City	
<input type="text"/>	
State	Postcode
<input type="text"/>	<input type="text"/>
Country	
<input type="text"/>	
Phone	Fax
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
Mobile	
<input type="text"/>	

Business Address

Position	
<input type="text"/>	
Organisation	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
City	
<input type="text"/>	
State	Postcode
<input type="text"/>	<input type="text"/>
Country	
<input type="text"/>	
Phone	Fax
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	
Mobile	
<input type="text"/>	

AUSTRALIAN WATER BROKERS ASSOCIATION

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Academic or Business Qualifications

Name of Course	Institution	Year Started	Year Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment History

Please fill in the section below or attach your resumé; and, identify whether the period of work has been full-time or part-time. **Please note that a requirement for admission as a member is a minimum of 3 years water broking experience.**

Position	Organisation	
<input type="text"/>	<input type="text"/>	
Type of work	Period of Employment	
<input type="text"/>	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		

Position	Organisation	
<input type="text"/>	<input type="text"/>	
Type of work	Period of Employment	
<input type="text"/>	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		

Position	Organisation	
<input type="text"/>	<input type="text"/>	
Type of work	Period of Employment	
<input type="text"/>	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		

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Referees

Referees must be existing AWBA Members.

(Please note that one referee report must come from your current employer)

Referee 1

Name	Postal Address	
<input type="text"/>	<input type="text"/>	
Company	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Phone	City	
<input type="text"/>	<input type="text"/>	
Email (if applicable)	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Referee 2

Name	Postal Address	
<input type="text"/>	<input type="text"/>	
Company	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Phone	City	
<input type="text"/>	<input type="text"/>	
Email (if applicable)	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Privacy

Disclosure Statement and Member Consent Clause

The Australian Water Brokers Association (AWBA) is committed to protecting the privacy of the personal information you provide to us. We need to collect the personal information requested on this form to enable us to process your membership and/or certification application and provide you with a range of membership services. If you do not provide us with the information in this form or any additional information we request, we may not be able to process your application or provide you with membership services.

We may disclose the personal information we collect on this form and any additional information that you provide to us in connection with this application to our relevant staff, contractors and Committee members involved in delivering our services.

When other members of the AWBA or the public make enquiries, AWBA staff may provide them your name, membership class, employment organisation and business telephone number.

AWBA will at any time provide access to you to verify the personal information we hold, and where necessary, correct any errors in this information (some restrictions and costs may apply).

By completing and returning this application form and/or providing us with any additional information in connection with your application, you agree to us using and disclosing your information as set out above. By providing your email address you consent to receiving electronic correspondence from the AWBA.

This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving written notice to your Division.

Changes to Your Personal Information

In order for the AWBA to provide you with membership services, we need your current contact information. If you change your name, postal address, employer, position, telephone, fax or email address at any time, you should advise the AWBA of these changes.

Applicant's Declaration

I agree, if admitted to membership of the AWBA, to be bound by the Constitution and Rules, Code of Ethics and Continuing Professional Development (CPD) requirements that may be adopted by the AWBA from time to time.

Signature of applicant

Dated

Please forward your application to the Australian Water Brokers Association

140 Hogan Street Tatura VIC 3616
Telephone 1300 568 668
Email enquiries@awba.org.au
www.awba.org.au
ABN 13 345 313 197 • INC 9887488

Following receipt of this application the Australian Water Brokers Association will contact you to outline the next stage of the admission process.