



# Australian National Committee on Large Dams Inc

(Incorporated under the NSW Incorporations Act, 1984)

## Application for Organisational Membership

Full name of Applicant: \_\_\_\_\_ of

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

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

\_\_\_\_\_

hereby applies to become a member of ANCOLD Inc.

In the event of admission as a member, \_\_\_\_\_ (Name of Applicant)

agrees to be bound by the rules of ANCOLD Inc for the time being in force.

\_\_\_\_\_  
Signature of Authorised Officer on behalf of Applicant

\_\_\_\_\_  
Date

### Proposer

Full Name of Proposer \_\_\_\_\_,

a member of ANCOLD Inc, nominate the Applicant for membership of ANCOLD Inc.

\_\_\_\_\_  
Signature of Authorised Officer on behalf of Proposer

\_\_\_\_\_  
Date

### Secunder

Full Name of Secunder \_\_\_\_\_,

a member of ANCOLD Inc, second the Applicant for membership of ANCOLD Inc.

\_\_\_\_\_  
Signature of Authorised Officer on behalf of Secunder

\_\_\_\_\_  
Date



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## Application for Organisational Membership

### Organisation Contact Details

Organisation Representative: \_\_\_\_\_

Position: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

\_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Membership Fee:

When your membership is accepted by the ANCOLD Executive a fee of \$670 AUD incl. GST (equivalent to ½ the annual membership) is payable. This payment covers you until your membership is endorsed at the following Annual General Meeting. The annual fee for Organisational Membership thereafter will be \$1,340 AUD incl. GST.

### Payment Method:

Invoice  Cheque\*  Bank Transfer\*\*  Credit Card

\* Cheque payable (in Australian Dollars) to ANCOLD Incorporated

\*\* Bank transfer to ANZ Bank, Church Street, Parramatta, NSW 2150 (BSB 012-370; A/c 229 412 767)

### Credit Card Details:

Mastercard  Visa  Amount Paid: \$ \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Please scan and email or fax a printed copy of this form to the secretariat at [ancold@ancold.org.au](mailto:ancold@ancold.org.au)  
Fax: (03) 6234 5958