

Building Designers Association of Western Australia Inc.



MEMBERSHIP APPLICATION

Name:		
Business / Trading Name:		
Company / Trustee: <i>Name appearing on cheques</i>		
Business Address:		
Postal Address:		
Tel:	Fax:	Mobile:
Email:		Web:

I wish to apply for **FULL** membership of **BDA**WA inc in the category indicated below.

✓	MEMBERSHIP <i>(membership fees will be invoiced upon acceptance as a full member)</i>	Fees 2009 <i>(GST inclusive)</i>
	Full member	\$365.00
	Subsequent Full Member from the same practice as a Full Member	\$185.00

Please return this form with:

- Completed details and signed Declaration *(see page 2)*
- Submission requirements
- Nomination fee of \$40.00 *(GST inclusive)*

PAYMENT

CHEQUES payable to: BDAWA Inc. PO Box 8439 Perth Business Centre WA 6849	ELECTRONIC FUNDS TRANSFER BDAWA inc. ANZ Midland BSB: 016 359 Acct: 2730 61642 All EFT payments must indicate name & reference as new member (N/M)	CREDIT CARDS Visa & Mastercard payments can be taken over the phone on: 08 9228 3235
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Building Designers Association of Western Australia Inc.

Tel: 08 9228 3235

Fax: 08 9228 3236

Email: members@bdawa.com.au

OFFICE USE:

Date Received		Nomination Fee		Submission	
Date Accepted		Annual Fee		Data Base	
Letter Sent		Membership No		Certificate	



MEMBERSHIP APPLICATION

INDUSTRY EXPERIENCE

Please state overall number of years of relevant experience and details of what type of experience.

EDUCATION / QUALIFICATIONS

Please state relevant qualifications, including where and when obtained and include a photocopy of certificate

✓	PRINCIPAL BUSINESS FOCUS		
	Residential		Interiors
	Commercial		Other

The assessment panel would prefer the following submission, however it is understood that all the criteria may not be relevant or accessible for your application.

✓	SUBMISSION with copies of two recent jobs for:		
	Client's brief notes		Specifications / Addenda
	Design sketches / Presentation		Photos of work in progress or completed
	Full working drawing (specify your role)		Reference from BDA member or other relevant person

REFEREES

Contact details of person/s able to confirm experience

Name	Phone	Company / Position

Declaration

Should I be accepted as a Full Member I agree to abide by the Constitution of the Building Designers Association of WA Inc. I agree to return the Certificate of Membership to the Association should I cease practising, become unfinancial or the Management Committee terminates my membership for whatever reason. .

DATE:

SIGNED: