Membership Application Form

Post to: 25/134 Springvale Rd, Springvale 3171

Email to: membersvic@awci.org.au

Enquiries: 03 9553 6363



APPLICANT DETAILS					
Have you previously been a member of AWCI	/ictoria? No 🗌 Yes 🛚	(Member num	nber #)		
Full Trading Name:					
ABN:					
Contact Name:					
Account Contact:	Account Email:				
Postal Address:					
Street Address:					
Phone:	Mobile:				
Email:					
Public Liability Insurance Company Name:					
Policy Number: Indemnity Amount:					
Website Address (if applicable):					
Do you have a trade qualification?			No 🗆 Yes 🗆		
Do you wish to be placed on a list for work referrals? No Yes					
Referred by:					
MEMBER TYPE	Metro/Surrounds	Regional	prices inclusive of GST		
MEMBER TIPE	_ Metro/Surrounds		prices inclusive or doi		
Manufacturer	\$935	\$935			
Distributor/Supplier	\$825	\$825			
Professional	\$385	\$275			
Contractor more than 5 staff &/or subcontractor	rs \$715	\$495			
Contractor 5 or less staff &/or subcontractors	\$385	\$275			
☐ Apprentice	Free	Free			
Retired members	Free	Free			
BUSINESS OPERATION					
Please indicate the sector(s) relevant to your b	usiness:				
Commercial Domestic Facades Fit C		Ceilings In	sulation		
Other (please specify)		J			
Please indicate your areas of interest:					
Training Marketing Technical Advice	Social Other (nle	ease specify):			
How long has the business been operating in the wall and ceiling industry?					
	-				



ASSOCIATION OF WALL & CEILING INDUSTRIES OF VICTORIA INCORPORATED

CODE OF ETHICS

- 1 Members will assist in furthering the objects, interest and causes of the Association and will assist whenever possible in the development of effective communication, understanding and co-operation between members, customers, government agencies, the public and the industry.
- 2 A member must conduct his/her business so as to minimise controversies with other members and to avoid conduct that is detrimental to the interest of the Association.
- Members will not make exaggerated or misleading statements to the public concerning the qualities of materials or workmanship or knowingly allow their staff or sub-contractors to make such statements.
- 4 A member will conduct his/her business so as to reflect favourably on the Association and its members and to assure public confidence in the industry.
- 5 Members will provide a courteous and reliable service at all times.
- 6 Members will ensure that their employees and sub-contractors are trained to acceptable standards of competence to operate in a safe and efficient manner and to perform the standard or workmanship as required by the member.
- 7 Members will be safety conscious and will, wherever possible, work towards a safer work environment.
- 8 Members will ensure adequate operating standards by maintaining their equipment in good working condition and presenting themselves and their equipment in a clean and tidy manner.
- 9 Members will treat all information from within the Association as strictly confidential and will not disclose to any person or corporation which is not a member, without the written consent of the Executive Committee. In particular, members must not use information of the Association in any way so as to create a dispute, or as a means of supporting a position in an industrial dispute.
- 10 Members will ensure their staff are aware of the provisions of this Code.
- 11 Any breach of this Code should be reported in writing to the Association's Executive Committee who may, after investigation, require members to answer any such allegations.

	I/we apply for membership of the Association of Wall and Ceiling Industries Victoria, and if accepted will undertak				
	to abide by the Rules and By-Laws of the Association and undertake to pay all fees and dues as may be				
	determined whilst a member of the Association.				
	I acknowledge that I have read, understood, and agreed to comply with Australian Standards applicable to the				
	plastering industry and the constitution and Rules and Code of Ethics with the Association.				
	Name (please print):				
	Signed:Date:				
	Signed.				
	I acknowledge that I have read, understood, and agree to comply with t	ne AWCI Code of Ethics.			
	Name (please print):				
	Signed:Date:				
Your feedback is valuable to us! Please advise how you learnt about AWCI membership?					
	Internet AWCI Website Training Colleague Other (pleas	e specify)			
	5 5 — - ·,				

DECLARATION

Thank you for joining the AWCI Victoria Membership Team!

Your Industry – Your Association