



The Australian Society of Building Consultants

Incorporated. Registration of Incorporation Y 18051-33 in N.S.W. A.B.N. 87-546-876-220.

PO Box 435, Summer Hill NSW 2130 . AUSTRALIA. E: asbc.nsw@gmail.com W: asbc.com.au

APPLICATION FOR MEMBERSHIP

APPLICATION FOR MEMBERSHIP - INDIVIDUAL

Corporate Partner:

- Be an expert provider of their corporate offering.
- Be a good corporate citizen.
- Support the ASBC NSW mission statement.
- Attend a minimum of 2 General Meetings per year.
- Attend the ASBC NSW Annual Seminar.



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APPLICATION DETAILS (Please complete in block letter)

(* Required Fields)

*Application date: _____

*Your Details:

Surname: _____ Given Name(s): _____

Business Name: _____ ABN No: _____

Business Address _____ Post Code: _____

Postal Address: _____ Post Code: _____

Business Telephone No: _____ Mobile No: _____

E-mail Address: _____ Fax No: _____

Do you have a NSW Builder Licence: Yes / No Licence No: _____

*Qualifications & Experience: (Note: A Justice of the Peace or Solicitor must witness all copies of qualifications)

What are your formal qualifications/field of expertise:

How many years experience do you have in the building/construction industry: _____

Total years have you been practising as a building consultant: _____

Are you a member of an association: Yes / No Association: _____

Category of Membership: _____ Years as a Member: _____

Have you had any legal action taken against you as a result of your advice or in respect of any report or service you have provided: Yes / No (If yes, please provide details:)



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*Professional Indemnity Insurance Details:

Name of insurer: _____

Policy No: _____ Policy expiry date: _____

Limit of indemnity: _____ Excess: _____

(A copy of your Certificate of Insurance & Policy Schedule must accompany this application. (Min cover \$1,000,000 in aggregate)

*Referees:

Applicants are required to provide details of two professional referees. References should be obtained from persons of good standing within the community who are not related to the applicant (these could include lawyers or other building consultants).

Name: _____ Occupation: _____ Mobile: _____

Name: _____ Occupation: _____ Mobile: _____

*Curriculum Vitae:

Please attach a current detailed curriculum vitae.

*Areas of Expertise:

Note: To be registered in the areas of expertise chosen, the applicant will be required to provide documentary evidence of relevant qualification, degree, etc.

If you are a **current** member and wish to be re-evaluated for an additional area(s) of expertise, please tick here and attach relevant documentation. (If you have applied to be on the ***Strata Inspector Panel** please review the Strata Inspector Panel Criteria on our website for further information.)

Indicate the Areas of Expertise in which you Practice. (tick relevant area & attach documentary evidence)					
<input type="checkbox"/>	Arbitration/*Mediation.	<input type="checkbox"/>	Due Diligence/OH&S.	<input type="checkbox"/>	Project Management.
<input type="checkbox"/>	Adjudication.	<input type="checkbox"/>	Engineer.	<input type="checkbox"/>	Roofing Specialist.
<input type="checkbox"/>	Architect.	<input type="checkbox"/>	Insurance Reports.	<input type="checkbox"/>	Strata Inspection Reports.
<input type="checkbox"/>	BASIX Consultant.	<input type="checkbox"/>	Litigation Support.	<input type="checkbox"/>	Waterproofing Specialist.
<input type="checkbox"/>	Coatings Specialist.	<input type="checkbox"/>	Pest Inspections.	<input type="checkbox"/>	*Strata Inspector Panellist
<input type="checkbox"/>	Contract Administration.	<input type="checkbox"/>	Pre-Purchase Inspections.	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Dilapidation Reports.	<input type="checkbox"/>	Private Certification.	<input type="checkbox"/>	Other:



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***DECLARATION** (to be completed by all Applicants)

I, Name _____, hereby apply for Membership to the Australian Society of Building Consultants, Incorporated in NSW, and, request that the Membership Panel assess my application based on the information that I have provided.

I declare that the information I have provided in support of my Application for Membership is true & correct & I understand that my application will be assessed on this basis. I authorise the Executive Committee to make all appropriate & necessary inquiries in regard to my application.

If I am eligible for Membership, I agree to be bound by the Rules, By-Laws & Code of Ethics of the ASBC NSW.

I understand that the information I have provided in support of my application will remain strictly confidential.

Signature of Applicant: _____ Date: _____

Name of Proposer: _____ Date: _____

Name of Secunder: _____ Date: _____



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CHECK LIST (tick once attached)

I have attached the following documents to my application:

- Copy of PI Insurance & Schedule
- 2 written references
- Copy of trade certificate(s)
- CV
- 2 Reports for each field applied for
- Receipt for Non Refundable application fee of \$50 paid into account:
BSB 082 330 (NAB), ACC: 608 986 760, Ref: Name

**ONCE THIS FORM IS COMPLETED PLEASE EMAIL
TOGETHER WITH ALL DOCUMENTARY EVIDENCE TO:
Email: asbc.nsw@gmail.com**

OFFICE USE ONLY

Date Application Received: _____

Fee Received: _____

Information Complete: Yes / No

Further info request: _____

Further info Received: _____

Submitted for Assessment: _____

Date of Assessment: _____

Interview req: Yes / No

Date Approved: _____

Membership No: _____