



# The Commercial Vehicle Industry Association of Qld



PO Box 364 Sumner Park Qld 4074 ABN: 66 009 819 756 Email: [cviaq@cviaq.asn.au](mailto:cviaq@cviaq.asn.au)

## Application for Corporate Associate Membership

I/We hereby apply for admission to Associate membership of the Commercial Vehicle Industry Association of Qld (CVIAQ) ACN 009 819 756.

### Corporate associate membership is available in seven categories:

(Please tick the type of membership category you require)

- Heavy Vehicle Repairer     Transport Operator     Engineering Consultant
- Finance/Insurance/Legal     Media     Training & Education (RTO,GTO,AAC)
- General

I/We agree to be bound by the Constitution and Rules of the Company. A copy of the Constitution and Rules of the Company is available from the CVIAQ office or on the CVIAQ website [www.cviaq.asn.au](http://www.cviaq.asn.au)

## Member Applicant Details

(Please complete all company information on **BOTH** sides of the page)

Company Name/Organisation/Entity

Trading Name

ABN

Web Site

Address

State

Postcode

Postal Address (if different than above)

State

Postcode

## CVIAQ Authorised Representative

First Name(s)

Surname

Position

Direct Email

Tel

Fax

Mobile

Signature of Authorised Representative X

Date

***N.B. It is the responsibility of the authorised representative to administer all correspondence and authorise payment of any invoices/costs charged by the CVIAQ. The authorised representative is also responsible for advising CVIAQ of any changes to their membership contact details.***

## Company Information

(Please provide information on the primary business the company is engaged in)

## CVIAQ Service Managers Council Representative

First Name(s)	Surname	
Position	Direct Email	
Tel	Fax	Mobile

## CVIAQ Manufacturers Council Representative

First Name(s)	Surname	
Position	Direct Email	
Tel	Fax	Mobile

## CVIAQ Newsletter Recipients

*(Please nominate any additional members of staff, other than those listed above, to receive the CVIAQ electronic monthly newsletter)*

(1) First Name(s)	Surname	
Position	Direct Email	
Tel	Fax	Mobile

(2) First Name(s)	Surname	
Position	Direct Email	
Tel	Fax	Mobile

## Additional Company Information

*(Please note this information is for CVIAQ use only and will be kept highly confidential. A copy of the CVIAQ Privacy Policy can be obtained from the CVIAQ office)*

(1) Number of employees \_\_\_\_\_

(2) Do you employ apprentices in your business? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

If yes, in which areas:

- \* Mechanical / Auto Electrical
- \* Manufacture / Fabrication / Body
- \* Admin / Vehicle Sales / Parts

(4) Are you currently short staffed? Yes  No

If yes, then how many staff do you need and what areas of expertise are you short?

(5) Member Company Turnover (\$)

0 - 500 000	<input type="checkbox"/>	20 000 000 - 30 000 000	<input type="checkbox"/>
500 000 - 1 000 000	<input type="checkbox"/>	30 000 000 - 50 000 000	<input type="checkbox"/>
1 000 000 - 5 000 000	<input type="checkbox"/>	50 000 000 - 100 000 000	<input type="checkbox"/>
5 000 000 - 10 000 000	<input type="checkbox"/>	100 000 000 - 150 000 000	<input type="checkbox"/>
10 000 000 - 15 000 000	<input type="checkbox"/>	150 000 000 - 250 000 000	<input type="checkbox"/>
15 000 000 - 20 000 000	<input type="checkbox"/>	250 000 000 - 500 000 000	<input type="checkbox"/>