



ASSOCIATE OF CHIA QUEENSLAND APPLICATION FORM

2024 - 2025

CONTACT DETAILS

Associate Name (Organisation / Individual)	
Main Contact Name	
Main Contact Email	
Main Contact Phone	
Postal Address	
Street Address	

Fees

Please nominate:

- Individual
 - Full \$150
 - Concession \$50
- Small corporate (turnover < \$2m pa): \$320
- Large corporate (turnover \$2m+ pa): \$640

Payment Instructions

Please either pay directly or request an invoice.

CHPS FOR QLD LIMITED
BSB: 034-001
Account: 308-758

Consent and acknowledgment

By signing this form, we (being the organisation or individual named on this form) agree to be supportive of the objects of CHIA Queensland, to engage with and participate in the company and its activities.

Date: _____

Signed: _____

Name: _____

Position: _____

I do not wish for our organisation's details to be published on the CHIA website.

Return of Renewal Form

Please send both completed Membership form and Remittance advice to admin@chiaqld.org.au