



Application for Membership

(please complete and return by email or mail)

Name of registered company/firm: _____

Trading name/s: _____

Name of parent company or subsidiaries: _____

Proprietor/director/partner: _____

Nominated representative: _____

Address – postal: _____

Address - office/depots: _____

Telephone: _____ Facsimile: _____

Mobile: _____ E-mail: _____

Number of years in business: _____ ABN N^o: _____

Type of business and work/services provided: _____

Brand names & principal lines distributed: _____

Approximate number of employees in: Administration: _____ Field: _____ Total: _____

Annual turnover : \$ 1 million and above less than \$1 million

The following Federation members would like to support this application:

Proposer's signature: _____ Seconder's signature: _____

Proposer's name: _____ Seconder's name: _____

I, _____ of _____
(business name)

hereby apply to be admitted as a Full /Associate Member of the Civil Contractors Federation (CCF) and, if admitted, undertake to abide by the rules of the Federation - as amended from time to time and also any regulations made by the Executive Committee in accordance with the rules.

Dated this: _____ day of _____ 20 _____

Signature of applicant: _____

PRIVACY POLICY STATEMENT

CCF complies with the provisions of the *Privacy Amendment (Private Sector) Act 2000* that regulates the collection, storage, quality, use and disclosure of *personal information* and *sensitive information*, and ensures that you are given certain rights in respect of this information. We have adapted the National Privacy Principles (“NPP”) published by the Privacy Commissioner - a copy of which is available on request - and operate in accordance with those principles.