

# MEMBERSHIP APPLICATION FORM (2016)

Membership of the Industry Safety Forum gives your company the opportunity to drive the safety agenda for the industry through involvement in the Safety Leaders Group & Working Groups. Members will also have access to the tools & materials developed

Please tick relevant category	FULL MEMBERSHIP CATEGORIES	2016 FEES (AUD) + GST
		<b>OPERATOR COMPANIES</b>
	Tier 1 Operator	70,000
	Tier 2 Operator	20,000
	Non-Operator Partner	8,250
	Exploration	3,300
	<b>CONTRACT PARTNER COMPANIES</b>	
	Australian turnover more than AUD 100 million	8,250
	Australian turnover AUD 50 - 100 million	4,950
	Australian turnover AUD 10 - 50 million	3,300
	Australian turnover less than AUD 10 million	1,650

Members are divided into categories solely for the purpose of determining the annual fee to be paid. Members rank equally in all other respects.

## COMPANY DETAILS

<b>Company Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	

## KEY PERSONNEL

	Most Senior In-Country Manager	HSE Manager	Communications/Focal Point
<b>Name:</b>			
<b>Title:</b>			
<b>Telephone:</b>			
<b>Email:</b>			

## INVOICING DETAILS

<b>Contact Name:</b>		<b>Invoice Address:</b>
<b>Title:</b>		
<b>Telephone:</b>		
<b>Email:</b>		

## PERMISSION TO USE LOGO

We request permission to use your company logo in *Safer Together* materials for the following specific purposes:

**Website** - In a list of member companies of *Safer Together* on our website [safertogether.com.au](http://safertogether.com.au) with a link to your company's website

**Print** - In a list of member companies of *Safer Together* for use in brochures flyers and posters

**Video** - In a list of member companies of *Safer Together* for use in video clips

- Permission Granted \_\_\_\_\_ (Name position & title)
- Permission Denied \_\_\_\_\_ (Signature)



# NOMINATION FORM - SAFETY LEADERS GROUP

Nominations for the SLG should be the **most senior in-country manager** of your company.

Please tick relevant box

Yes, I would like to nominate a representative from my company to become a member of the Safety Leaders Group (note: please also complete the sections below).

No, I do not wish to nominate a representative from my company to become a member of the Safety Leaders Group.

## SAFETY LEADERS GROUP – NOMINATED REPRESENTATIVE

<b>Name of Nominee:</b>	
<b>Position Title:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

**Reasons why the nominated representative should be considered as a member of the Safety Leaders Group:**

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