APPLICATION FOR STUDENT MEMBERSHIP

Ph 1300 883 966 www.landscapequeensland.com.au | admin@landscapequeensland.com.au
PO Box 245, Geebung QLD 4034 ABN 92 439 102 270

APPLICANT DETAILS

Student Name:

Trading Name *(if applicable)*: ABN:

CONTACT & COURSE DETAILS

Postal Address: Postcode:

Street Address: Postcode:

Email: Mobile:

Name of Training Provider:

What course are you studying? (e.g., Cert III Landscape Construction):

WHAT IS YOUR EMPLOYMENT GOAL? (May be more than one)

Structural Landscaper ☐ Horticulture ☐ Landscape Designer / Architect ☐ Garden Maintenance ☐ Environmental ☐

Business Owner ☐ Arborist ☐ Other:

WHERE DID YOU HEAR ABOUT US?

Training Provider ☐ Social Media ☐ Website ☐ LQ Member Referral: Other:

PAYMENT METHOD

Payment Method: Visa: ☐ Mastercard: ☐ Direct Deposit: ☐ Total Amount Due: **$55.00**

Card No: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ CVC: ☐☐☐ Expiry Date: ☐☐ / ☐☐

Name on Card: Signature:

Direct Deposit Details: Landscape Queensland Industries Inc. BSB: 034-051 Account No. 134-637

DECLARATION

I / we wish to become a member of Landscape Queensland Industries Association Incorporated, and confirm I am a full time student.

I / we, the applicant / s, hereby certify that to the best of my / our knowledge and belief, the information supplied herein is true and correct in every particular. I / we agree, if membership of Landscape Queensland is granted, to be bound by the Association's Constitution and Rules, its Code of Ethics and Articles of Association and any industry Code of Practice endorsed by the Association.

I / we further understand that I / we may resign from membership upon submission of written notification.

PRIVACY STATEMENT

I / we understand and accept:

- Landscape Queensland is committed to protecting the privacy and security of personal information that I have provided in this application form.
- The information I provide is necessary to process my registration, which may include updating Landscape Queensland's records from time to time. The information will be used to contact me via phone, direct mail, email or SMS in the event of: cancellation of membership, to conduct analysis or market research, marketing approaches, to identify the ongoing needs of Landscape Queensland members and registrants, provide me with access to information about a range of current and future professional development issues and associated events administered by Landscape Queensland.
- By signing this application form I consent to Landscape Queensland passing personal information about me to third parties, including the facilitating of marketing approaches by or on behalf of businesses listed on the Landscape Queensland website. I may request not to receive marketing material from Landscape Queensland or a third party by ticking the box below.

Please tick to opt out of any Landscape Queensland marketing. ☐ *Please tick to opt out of any third party marketing.* ☐

PRIVACY POLICY

For more information please refer to Landscape Queensland's Privacy Policy which is available at www.landscapequeensland.com.au or by calling the Landscape Queensland office on 1300 883 966.

AUTHORISATION

Applicant Signature: Date:

LQIAI Representative: Date:

OFFICE USE ONLY:	Membership No:	Invoice #:	Date of Approval:
Notes:			

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