

APPLICATION FOR AHSCA MEMBERSHIP (Rev A)
(for individuals not sponsors)

Given Name(s): Surname:

Name of Practice / Firm:

Address for Correspondence:

Post Code:

Occupation: Years Experience:

Telephone (BH): Email:

Membership Category Requested: Associate Member* Member**
 Fellow Member***

Are you a Registered Building Practitioner (RBP)? YES / NO If Yes, RBP No.

The name and signature of two (full) members of the Association personally known to me are indicated hereunder:

Nominated By (print): Signature:

Seconded By (print): Signature:

The nominee and the seconder must each fill out a "Membership or Associate membership nomination form" depending on the above membership category selected.

For Membership; please **provide a copy of your Resume** detailing your qualifications, projects and experience.

If accepted, I agree to abide by the Rules of the Association at all times.

Signature of Applicant: Date:

Associate Member* Minimum 2 years, up to 6 year's experience in Hydraulic Service Design Industry.
Member** Minimum 6 year's experience in Hydraulic Service Design Industry.
Fellow Member*** Minimum 20 year's experience in Hydraulic Service Design Industry.

AHSCA (VIC) CODE OF ETHICS & PROFESSIONAL PRACTICE

The Code of Ethics of the Association shall be as follows:

- Members shall only perform works in their areas of competence and expertise.
- Members shall endeavour to provide the community with sound and professional service and advice.
- Members shall conduct their profession in a manner which protects the health and safety of the community.
- Members shall notify clients of any conflict of interests prior to accepting a commission or brief for professional services.
- Members shall not sanction or be involved in collusive tendering or pricing.
- Members shall endeavour to uphold the professional standing of the Association.
- Members shall act with honesty and integrity.
- Members shall continue to develop their professional proficiency and knowledge.
- Members shall not sanction or participate in a breach of this Code of Ethics. It is a Member's responsibility to notify the Association of any knowledge of such a breach.
- Each Member of the Association shall at all times agree to abide by the Code of Ethics of the Association.

I agree to abide by the AHSCA (Vic) code of ethics and professional practice.

Name of applicant.....

Signed by applicant

Date



MEMBERSHIP NOMINATION FORM (Rev A)

I.....(print name); being a FULL VOTING & FINANCIAL MEMBER of the Association of Hydraulic Services Consultants Australia (Victoria) hereby nominate;

.....(print applicant's name) as Member (Full Voting Member) of the Association of Hydraulic Services Consultants Australia.

I certify that I have reviewed the proposed member's application form and curriculum vitae and can confirm the applicant has worked with me in the capacity of a hydraulic services consultant, **responsible for all aspects of design and documentation**, for the following periods:

Employer's Name (where I worked with the applicant)	Applicant's Position	Duration on Years

I also certify the applicant was the **principal consultant** on the following projects and was responsible for all aspects of design and documentation for the following projects:

Project Description	Estimated Value of Hydraulics	Applicant's Role

(Attach further information if required)

I certify that the information provided to the Board of Directors on this form is true and correct.

Signed by Member making the nomination:.....

Date:.....



ASSOCIATE MEMBERSHIP NOMINATION FORM (Rev A)

I.....(print name); being a FULL VOTING & FINANCIAL MEMBER of the Association of Hydraulic Services Consultants Australia (Victoria) hereby nominate;

.....(print applicant's name) as an Associate Member of the Association of Hydraulic Services Consultants Australia.

I certify that I have reviewed the proposed member's application form and curriculum vitae and can confirm the applicant has worked with me in the capacity of a hydraulic services consultant, for the following periods:

Employer's Name (where I worked with the applicant)	Applicant's Position	Duration on Years

I also certify the applicant was the **hydraulic services consultant** on the following projects and was responsible for all aspects of design and documentation for the following projects:

Project Description	Estimated Value of Hydraulics	Applicant's Role

(Attach further information if required)

I certify that the information provided to the Board of Directors on this form is true and correct.

Signed by Member making the nomination:.....

Date:.....