

## MEMBERSHIP UPGRADE APPLICATION FORM (Rev A)

Given Name(s):

Surname:

Company:

Email:

Current Membership status :  Associate Member\*  Member\*\*

Upgrade Membership status to:  Member\*\*  Fellow Member\*\*\*

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:

**Members: Please provide a copy of your Resume detailing your qualifications, projects and experience. Dates must also be included on the Resume.**

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

Signature of Applicant:  Date:

Associate Member\*  
Member\*\*  
Fellow Member\*\*\*

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

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## **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 .....