*Editorial Note: This version of the form has removed hyperlinks to specific documents under APAS and PCCP.*

**Instructions:**

Use the ‘Tab’ key to move between fields; Use the space bar to check boxes; Click on the word ‘select’ to choose an answer.

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| **1. ORGANISATION DETAILS** | | | | | | |
| **1.1 General** | | | | | | |
| Trading Name: | | | | | ABN / ACN (Australia Only): | |
| Legal Name of the Organisation: | | | | | ABN / ACN (Australia Only): | |
| Legal Name of Parent Organisation: | | | | | ABN / ACN (Australia Only): | |
| Street Address: | Suburb/Town: | State: | Country: | Other State: | Other Country: | Postcode: |
| Postal Address: | Suburb/Town: | State: | Country: | Other State: | Other Country: | Postcode: |
| Telephone Number (General): | | | No. of Employees: | | | |
| Organisation Website:  www. | | | General Enquiry Email: | | | |
| Is your Organisation Not For Profit (NFP):  Yes  No | | | | | | |
| **1.2 Organisation Activities** | | | | | | |
| Provide a brief description of the nature of the organisation’s current activities: | | | | | | |
| Provide a brief description of how the organisation intends to use its APAS membership: | | | | | | |

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| **2. Key CONTACT DETAILS** | | |
| **2.1 Principle Contact** (for Technical Matters and for nomination for participation on the APAS / PCCP Technical Advisory Panel) | | |
| Name: | | Position: |
| Telephone (landline): | Telephone (mobile): | Email: |
| **2.2 Alternative Contact** (may be non-technical) | | |
| Name: | | Position: |
| Telephone (landline): | Telephone (mobile): | Email: |
| **2.3 Person to whom the Annual Membership Subscription invoices should be sent** | | |
| Name: | | Position: |
| Telephone (landline): | Telephone (mobile): | Email: |
| Detail any specific requirements for invoicing by CSIRO. For example, a purchase order number is required before an invoice can be issued. | | |

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| **3. DECLARATION** | | | | | | |
| I hereby affirm that I have read the APAS document AP-D006 Terms of Reference for the APAS® Technical Advisory Panel and the PCCP document PP-D006 Terms of Reference for the PCCP® Technical Advisory Panel, and in the event that we are accepted as a Member of APAS / PCCP, we agree to comply with and abide by the rules of Membership, as published on the [APAS website](https://vs.csiro.au/apas/) and [PCCP website](https://vs.csiro.au/pccp/).  I agree  I do not agree | | | | | | |
| Name: | | | | Title: | | Date: |
|  | | | | | | |
| **FOR APAS USE ONLY** | | | | | | |
| The Applicant is **approved / not approved** as an APAS / PCCP Member:    Name: | | | | Position: | | Date: |
| **APAS / PCCP Membership No.:** | | | | | | |
| *Project Code:*  **XA** | *VSA Request Date:* | | *VSA to Applicate Date:* | | *VSA Returned (signed) Date:* | *VSA Number:* |
| Initial Membership Date: | | Updated:  PRIMIS  AP-D151 / PP-D010  Group Email Lists | | | | |