*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  |