

APPRENTICESHIP ASSOCIATE APPLICATION FORM

MEMBERSHIP

I am applying to the Queensland Gas Association to be an Apprentice Associate. Through obtaining this complimentary membership, I will be eligible to receive a range of services and benefits (subject to change without notice), please contact QGA for more information.

APPRENTICE'S DETAILS

Full Name	Date of Birth
Postal Address	Suburb
State	Post Code
Phone number	Mobile
Email	

APPRENTICE'S DETAILS

Name of tertiary institution:
Course name (ie. Cert III in Gas Fitting)
Date commenced apprenticeship
Email

EMPLOYER DETAILS

Full Name	
Company name:	
Business address:	Suburb
Phone number	Post Code
Email address:	
My employer is currently a member of Queensland Gas Association: YES / NO	

TERMS AND CONDITIONS

I hereby declare that the above information is true and correct. Queensland Gas Association has a certain code of conduct which members and associates are expected to follow, these can be found on www.qga.org.au.

- Members shall conduct their activities with the highest standards of professionalism, ethics and integrity in dealings with clients or employers, fellow members and the general public.
- Members shall be committed to working safely.
- Members shall act so as to uphold and enhance the honour, integrity and dignity of the Association by promoting their products and services with dignity and truth, avoiding any potentially misleading statements or omissions.
- Members shall strive for professional development throughout their careers and shall actively assist and encourage all other members to advance their knowledge and experience.
- Members dealing with each other shall co-operate in upholding this Code and the objectives of the Association.

OFFICE USE ONLY (Please tick)

<input type="checkbox"/> Date Ratified (DD/MM/YY)	<input type="checkbox"/> Database	Applications can be submitted by: Email: secretary@qga.org.au Post: PO Box 658 Virginia Queensland 4014
<input type="checkbox"/> Membership Accepted	<input type="checkbox"/> Database Login	
<input type="checkbox"/> Membership Number	<input type="checkbox"/> Registered/Email	
<input type="checkbox"/> MYOB	<input type="checkbox"/> Welcome Pack	