

LAWN MOWING CONTRACTORS ASSOCIATION OF WESTERN AUSTRALIA (INC)

APPLICATION FOR MEMBERSHIP

www.lawnmow.com.au

lmcawa1@bigpond.com



I,

Of

Postcode TEL Mob

Registered Business Name

Date of Birth ABN

Email address

You will receive your monthly newsletter via email

Public Liability Insurance is compulsory under Association Rules.

Policy No: Expiry Date Company

Members are reminded that current PL insurance is a requirement of membership of the Lawnmowing Contractors Association. Written proof will be required should sick work be required.

APPLICANTS PLEASE NOTE THAT ALL APPLICATIONS MUST HAVE A NOMINATOR AND SECONDER BEFORE MEMBERSHIP IS ACCEPTED.

Nominated by

Seconded by

Signature of Applicant

Date

If you don't have a Nominator, please contact Terry Butler on 9440 1559 for an introduction.

QUESTIONNAIRE

1. How long have you been a Lawnmowing contractor?
2. (a) Are you full time or part time?
- (b) If part time, do your other commitments allow you enough flexibility
 for Association sickwork (which must be done on due date)? YES / NO
3. (a) Did you buy an existing round? YES / NO
- (b) If so, from whom?

4. Do you employ any staff? YES / NO
5. (a) Are you or have you previously been associated with any other
 Lawnmowing organisation within Australia? YES / NO
- (b) If so, with whom?
6. Do you have an up-to-date set of customer job cards with full
customer details including name, address, phone number and job
requirements in the event you require sickwork assistance? YES / NO

7. Have you attended any Association run machinery workshops, pre-meeting seminars or
Lawnmowing related education activities? YES / NO
Please list activities and dates.
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8. How did you hear about the Lawnmowing Contractors Association?
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9. If you have any form of pre-existing Injury or Illness, please inform our Administrator of the nature of the
injury/illness as it might affect your sick work eligibility.

10. Have you read and understood our CONSTITUTION? YES / NO

To assist in the distribution of sick works lists, the following information is required to benefit all members. (Please tick relevant boxes)

CYLINDER MOWERS EDGER ROTARY MEDIUM ROTARY LARGE

17/20 inch

24/26 inch BRUSHCUTTER CLIPPING REMOVAL CORING WEEDSPRAYING

28/30 inch BLOWER RIDE ON VERTIMOWER

WORK LOCATION GUIDE

Please list up to 10 suburbs in order of preference.

1. 2. 3.
4. 5. 6.
7. 8. 9.
10.

Please list special jobs you want listed, e.g. Commercial, North/South of the River etc. Vertimowing, Ride-On tree-logging, tennis courts etc.

FEES

Annual Subscriptions \$

All Fees of \$..... Including GST are to accompany Application form

Next Fees Due

Payment can be made by cheque, cash or direct bank deposit: Pro Rata Fees available.
BSB: 036 069 Account Number: 560 764 (Lawn Mowing Contractors Association of WA)
If paying by this method, please quote your SURNAME as your Reference.

CATEGORY OF MEMBERSHIP (tick one)

FULL SICK WORK MEMBERSHIP () NON SICKWORK MEMBERSHIP () ASSOCIATE MEMBERSHIP ()

COUNTRY MEMBERSHIP () ALLIED MEMBERSHIP () SOCIAL MEMBERSHIP ()

- MEMBERSHIP FEES ARE ONLY REFUNDABLE WHERE A MEMBERS APPLICATION IS REJECTED BY THE LMCA

- PLEASE POST FORMS TO:

Carol Steele-Butler (Administration)

19 Pompei Crescent

STIRLING WA 6021

Tel: 9440 1559

Mob: 0400 340 449

Updated September 2016

OFFICE USE ONLY

Entered on: Attendance Register () Excel Members Address List () WLG () Outlook ()
Spec Services () Membership No. List () Excel Meetings Attendance Records ()
Shoprite Card Requested () Details to Treasurer Website ()
Shoprite Excel () SMS List () STATS ()

PUBLIC LIABILITY CERT. NO

SIGNED

DATED

MEMBERSHIP NO.

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