

# Form A2:

## Strata Services Corporate Membership 2018/2019

**Cost:** \$720.50 (incl. GST) plus \$215 (incl. GST) for every individual

Companies who are employed in the industry but are not entities carrying out strata management services. Membership does not automatically include a nominated person/individual member but requires at least one nominated individual member (Strata Services Nominee - via Form B2).

*Membership entitlements can be viewed on the SCA (Qld) website*

**Eligibility criteria**

<ul style="list-style-type: none"> <li>• The corporate entity must state nature of their business operations</li> <li>• The company must not carry out strata management services</li> <li>• The company is to be of good repute</li> <li>• Must nominate at least one nominee at \$215</li> </ul>	<ul style="list-style-type: none"> <li>• The application will not meet the criteria guidelines where the applicant is not of good repute within the industry, has outstanding commissioner orders concerning practice standards, or where there is a history of commissioner orders of concern about practice standards and/or ethical issues</li> </ul>
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Name of Entity: \_\_\_\_\_ ABN: \_\_\_\_\_

Industry Type: \_\_\_\_\_

Postal address: \_\_\_\_\_

Street address: \_\_\_\_\_

Website: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Member of other professional organisations: \_\_\_\_\_

A proposer and seconder are needed for this application. They must be known to SCA (Qld), eg a member of at least 3 years, or a lawyer, accountant etc:

**Proposer Name:** \_\_\_\_\_

Company: \_\_\_\_\_

**Seconder Name:** \_\_\_\_\_

Company: \_\_\_\_\_

**Please indicate the means of payment:**

[...] EFT      Account Name: SCA (Qld) Ltd | BSB: 184-446  
 Acct Number: 303229421 | Reference: [Your company name]

[...] Cheque      made payable to SCA (Qld) Ltd

[...] Visa      [...] MasterCard

Name on card: \_\_\_\_\_

Card no: \_\_\_\_\_

Expiry: \_\_\_\_\_ Signature: \_\_\_\_\_

*You need to have consent from these parties.*

Following board approval and processing by the SCA (Qld) office, a receipt/tax invoice will be issued, together with membership certificates and other relevant documentation.

Attachments:       at least one individual membership application (Form B2)

**DECLARATION TO THE BOARD** I acknowledge that acceptance of this application is subject to determination by the SCA (Qld) Board of Directors and that any decisions by the Board pertaining to this application will be final and binding.

The contact information provided will be published on the SCA Member Directory.

- I agree to be governed by the Constitution of SCA (Qld) Ltd (ABN 151 638 819 27) and the code of ethics of that body.
- I hereby declare that the statements and particulars contained in this application are true and accurate and that any material facts have not been suppressed or misstated. I understand that if any declaration be found to be false or misleading, it can lead to immediate cancellation of membership.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Form B2:

## Strata Services Nominee Membership 2018/2019

**Cost:** \$215 (incl. GST) for every individual [plus Corporate membership]

Must belong to a Strata Services Company member.

*Membership entitlements can be viewed on the SCA (Qld) website*

**Eligibility criteria**

<ul style="list-style-type: none"> <li>● Nominee does not carry out strata management services</li> <li>● Must abide by Code of Ethics</li> <li>● Has not been declared bankrupt or convicted of an offence involving dishonesty</li> <li>● To be eligible for renewal Strata Services Nominee members are required to collect 3 CPD points per annum</li> </ul>	<ul style="list-style-type: none"> <li>● The application will not meet the criteria guidelines where the applicant is not of good repute within the industry, has outstanding commissioner orders concerning practice standards, or where there is a history of commissioner orders of concern about practice standards and/or ethical issues</li> </ul>
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Name of Nominee: \_\_\_\_\_

Company: \_\_\_\_\_ Position/Role: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Member of other professional organisations: \_\_\_\_\_

**DECLARATION TO THE BOARD** I acknowledge that acceptance of this application is subject to determination by the SCA (Qld) Board of Directors and that any decisions by the Board pertaining to this application will be final and binding.

- I agree to be governed by the Constitution of SCA (Qld) Ltd (ABN 151 638 819 27) and the code of ethics of that body.
- I hereby declare that the statements and particulars contained in this application are true and accurate and that any material facts have not been suppressed or misstated. I understand that if any declaration be found to be false or misleading, it can lead to immediate cancellation of membership.
- I acknowledge that my details may be shared in accordance with the SCA Privacy Policy.
- I acknowledge that my image (photo or video) may be taken by SCA (Qld) and used for internal marketing or education purposes

Signature: \_\_\_\_\_

Date: \_\_\_\_\_