

Spatial Industries Business Association

SIBA (Queensland)

ABN 23 010 425 724



Membership Subscription 2009/10

Member Information	Tax Invoice	Spatial Activities <small>(Tick all that apply)</small>
Business Name :		<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Data Collection</p> <input type="checkbox"/> Aerial Imagery Collection <input type="checkbox"/> Field Data Collection <input type="checkbox"/> Office Data Capture <input type="checkbox"/> Precision Measurement / Monitoring <input type="checkbox"/> Radar / Laser Scanning <input type="checkbox"/> Space Imagery Collection / Distribution <p>Data Syndication</p> <input type="checkbox"/> Data Analysis <input type="checkbox"/> Data Brokering / Reselling <input type="checkbox"/> Data Compilation <input type="checkbox"/> Data Fusion <input type="checkbox"/> Data Integration <input type="checkbox"/> GIS Development <input type="checkbox"/> Photo / Radar grammetry <input type="checkbox"/> Spatial data mining <input type="checkbox"/> Others: _____ </div> <div style="width: 45%;"> <p>Data Presentation</p> <input type="checkbox"/> 3D Visualisation <input type="checkbox"/> Civil Infrastructure design <input type="checkbox"/> Digital / Terrain Modelling <input type="checkbox"/> Internet Deployment <input type="checkbox"/> Map Preparation <input type="checkbox"/> Titling Plans / Documents <p>Other</p> <input type="checkbox"/> Education/training <input type="checkbox"/> Equipment / Hardware Supply <input type="checkbox"/> Expert witness / court <input type="checkbox"/> Mobile Location Services <input type="checkbox"/> Project Management <input type="checkbox"/> Publisher / Distributor <input type="checkbox"/> Software Development <input type="checkbox"/> Software Supply <input type="checkbox"/> Strategic / Bus Planning <input type="checkbox"/> Systems Analysis / Integration <input type="checkbox"/> Town planning</div> </div>
ABN : _____ Year of formation : _____		
Type : Public Company / Private Company / Partnership / Sole Trader		
H.O. Address :		
State : _____ Post Code : _____		
Postal Address :		
State : _____ Post Code : _____		
Phone : (_____) Fax : (_____)		
DX Address :		
URL :		
Please provide address and details of all branch offices in all states on the back of this form		
Member Representative		
Name : (Mr / Ms) _____		
Title : _____ Direct Phone : (_____)		
Direct Fax : (_____) Mobile : _____		
E-Mail : _____		
Membership Fee (including Regional services component)		
Membership fees are calculated on the basis of the total annual turnover of the organisation (including all branches trading under the same name, and all service or support companies) in the financial year which ended on thirtieth day of June immediately preceding this application. The Membership fees below are inclusive of GST.		
Turnover of less than AUD\$200,000	\$ 800 per annum	
Turnover of AUD\$200k and less than AUD\$400k	\$1,540 per annum	
Turnover of AUD\$400k and less than AUD\$600k	\$2,075 per annum	
Turnover of AUD\$600k and less than AUD\$800k	\$2,600 per annum	
Turnover of AUD\$800k and less than AUD\$1 million	\$3,135 per annum	
Turnover of AUD\$1 million and less than AUD\$1.5 million	\$3,795 per annum	
Turnover of AUD\$1.5 million and less than AUD\$2 million	\$4,590 per annum	
Turnover of AUD\$2 million and less than AUD\$3 million	\$5,385 per annum	
Turnover of AUD\$3 million and less than AUD\$4 million	\$5,920 per annum	
Turnover of AUD\$4 million and less than AUD\$5 million	\$6,325 per annum	
Turnover of AUD\$5 million and less than AUD\$7.5million	\$6,500 per annum	
Turnover of AUD\$7.5 million and less than AUD\$10 million	\$6,800 per annum	
Turnover of AUD\$10 million or more	\$8,000 per annum	
Payment calculation (This document becomes a Tax Invoice when paid)		
Annual Fee as per above	AUD\$ _____	
TOTAL		
AUD\$ _____		
<input type="checkbox"/> Bank Transfer (BSB: 084 004 A/C No. 653192791) <input type="checkbox"/> Cheque enclosed [made out to SIBA(Queensland)] <input type="checkbox"/> Credit Card (tick one) : <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard		
Card Number : _____		
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
Signature _____	Name on Card _____	
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Tick this box if you DO NOT wish to be a part of Consulting Surveyors Queensland Industrial Organisation of Employers </div>		
<div style="border: 1px solid black; padding: 5px;"> <p>Return To : PO Box 3046, Sth Brisbane QLD 4101 Fax : 07 3217 2966</p> </div>		
Inv. No. _____ Received : __ / __ / __		

Branch Office Details or Additional Contacts

Business Name :		
Address :	State :	Post Code :

Postal Address :	State :	Post Code :

Phone : ()	Fax : ()	

Contact Person : (Mr / Ms)		

Direct Phone : ()	Direct Fax : ()	Mobile :

E-mail :		

Please copy this form if you have more

Business Name :		
Address :	State :	Post Code :

Postal Address :	State :	Post Code :

Phone : ()	Fax : ()	

Contact Person : (Mr / Ms)		

Direct Phone : ()	Direct Fax : ()	Mobile :

E-mail :		

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Phone : ()	Fax : ()	

Contact Person : (Mr / Ms)		

Direct Phone : ()	Direct Fax : ()	Mobile :

E-mail :		

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Phone : ()	Fax : ()	

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Direct Phone : ()	Direct Fax : ()	Mobile :

E-mail :		