



MEMBERSHIP

IFAP is an independent, not-for-profit, member-based organisation celebrating over 35 years of providing leading risk management solutions to the workplace. IFAP trains over 18,000 people a year and offers a wide range of training and consulting services throughout its seven training centres and in-company anywhere in Australia and even overseas. IFAP specialises in the following areas: Occupational Safety and Health; Construction and Equipment Skills; Safety Culture and Behavioural Risk Management; Offshore and Maritime Training; Major Hazards and Emergency Management; Fire Safety and Induction training.

Becoming a member of IFAP enables organisations and individuals to demonstrate their commitment to occupational safety and health in the workplace. Membership provides an opportunity to support and encourage the OSH profession both in Australia, and on a global stage, as IFAP's Managing Director is President of the International Network of Safety and Health Practitioner Organisations (INSHPO).

Around 1,400 organisations and individuals are IFAP members, with this number increasing every year. Their support enables IFAP to continually improve its services and facilities.

TYPES OF MEMBERSHIP

- Corporate** - A full voting membership available to any organisation and conferring full benefits.
- Individual** - Available to individuals supporting Occupational Safety and Health in the workplace.
- Alumni** - A complimentary membership available to graduates of IFAP Certificate IV and Diploma courses. Past graduates of the Safety Practitioner Course are also eligible.
- Associate** - Available to associations, some not-for-profit and supporting organisations.

MEMBERSHIP BENEFITS

	Corporate	Individual	Associate	Alumni
Discounts				
Discounts on consultancy services, courses and other training activities	✓	✓	✓	
Discounts on OSH resources - brochures, publications, danger tags and other safety aids	✓	✓	✓	✓
Resources				
Free seminar for injured workers	✓	✓	✓	✓
Information				
Telephone advice - access to brief support on Occupational Safety and Health matters	✓	✓	✓	
Complimentary subscription to SafetyWA magazine featuring the latest on Legislation and other topical safety and health issues (six issues per year)	✓	✓	✓	
Complimentary subscription to IFAP Extra , published monthly by IFAP, featuring the latest information on courses, seminars and products available from IFAP	✓	✓	✓	
Complimentary subscription to National Safety , published monthly, featuring updates on SHE issues at a national and international level (11 issues per year)	✓			
Electronic copy of IFAP publications	✓	✓	✓	✓
Networking				
Networking and professional development opportunities through regular events	✓	✓	✓	✓
Invitations to, and discounted registration fees for seminars, annual Safety Conferences and breakfasts	✓	✓	✓	✓
Recognition				
Free participation in the IFAP/CGU Safe Way Awards held annually	✓		✓	
A framed membership certificate	✓			

**For further information, please contact Maree Clarke at IFAP on 08 9433 4322
or email mclarke@ifap.asn.au**



MEMBERSHIP APPLICATION FORM 2009/2010

To join please complete this form and send it to IFAP. Membership is conditional upon acceptance by IFAP's Board of Directors, however IFAP will provide the membership benefits from receipt of application and payment.

I/We wish to apply for Corporate or Associate or Individual membership (please tick box)

COMPANY/INDIVIDUAL DETAILS

Company/Individual Name: _____

Australian Business Number (ABN): _____

Note: This membership may only cover entities falling under this ABN.

Postal Address: _____ Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Invoicing Address: _____ Postcode: _____

Street Address: _____ Postcode: _____

Web Site Address: _____

Please describe your major business activity: _____

Subsidiary of another Company/Group: YES NO

Parent Company/Group Name: _____

Parent Company/Group ABN: _____

COMPANY CONTACT DETAILS (Corporate/Associate Members Only)

Name of Senior Executive: _____

Title: _____

E-mail Address: _____

Name of Safety Manager/Officer/Human Resources: _____

Title: _____

Email address: _____

Note: Information collected by IFAP may be used by IFAP for communicating and direct marketing with Members

PAYMENT DETAILS

Number of Employees: _____ (including permanent contractors)

Corporate **Individual** = \$ 132.00

Less than 20 employees = \$ 275.00 **Associate** = \$ 275.00

20-49 employees = \$ 363.00

50-99 employees = \$ 770.00

100-149 employees = \$1,265.00

150-199 employees = \$1,804.00

200-499 employees = \$2,079.00

500-999 employees = \$2,596.00

1000 employees and over = \$3,124.00

All prices include GST

ANNUAL SUBSCRIPTION \$ _____

Cheque enclosed

Please invoice

Purchase Order Number: _____

Note: If application is made after the commencement of the financial year, a pro-rata subscription rate (for corporate members only) will be calculated.

PLEASE FORWARD INFORMATION ON THE FOLLOWING IFAP SERVICES

- | | | | |
|--|--------------------------|---|--------------------------|
| Occupational Safety & Health Training | <input type="checkbox"/> | Offshore & Maritime Training | <input type="checkbox"/> |
| Consulting Services | <input type="checkbox"/> | Fire Safety & Emergency Response Training | <input type="checkbox"/> |
| Construction & Equipment Skills Training | <input type="checkbox"/> | Induction Training | <input type="checkbox"/> |
| Workers' Compensation & Injury Management | <input type="checkbox"/> | Danger Tags & Safety Books | <input type="checkbox"/> |
| Major Hazards & Emergency Management | <input type="checkbox"/> | myosh - Electronic Safety Management System | <input type="checkbox"/> |
| Safety Culture & Behavioural Risk Management | <input type="checkbox"/> | Safety Awards and Networking Events | <input type="checkbox"/> |

Please return completed form to: **Member Relations Officer**, PO Box 339, Willetton WA 6955

Email: mclarke@ifap.asn.au

Phone: 08 9433 4322

Fax: 08 9335 3119

OFFICE USE ONLY

Date received: _____

Date paid: _____

Approved:

Date invoice sent: _____

Amount paid: _____

Date Approved: _____