

APPLICATION & REGISTRATION FOR CONSULTANT'S REGISTER

Application/Registration form to be submitted with payment to:

EHA National Email: national@eh.org.au | Tel: 0448 606 002

Name: _____

Organisation: _____

Postal Address: _____

Telephone: _____ Email: _____

Please tick this box if you do not wish your details disclosed. ☐

APPLICATION FEE

☐ (EHA Members fee exempt) \$380.00 incl GST

REGISTRATION FEE

☐ Annual fee for Consultant Register \$380.00 incl GST

AUSTRALIAN STATE OF WORK

- | | |
|--|--|
| <input type="checkbox"/> Queensland | <input type="checkbox"/> Victoria |
| <input type="checkbox"/> New South Wales | <input type="checkbox"/> Tasmania |
| <input type="checkbox"/> Western Australia | <input type="checkbox"/> South Australia |

AREA OF CONSULTANCY

- | | |
|---|---|
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Emergency Management |
| <input type="checkbox"/> Waste Water | <input type="checkbox"/> Indigenous Health |
| <input type="checkbox"/> Environmental Management | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Other: _____ | |

For credit card payments, please complete the following:

Please debit my: ☐ Mastercard ☐ Visa

Please print carefully:

Cardholder's Name: _____

Expiry Date /

CCV Number (on back of credit card)

Cardholder's Signature: _____ Amount: \$ _____

For direct debit payments, please arrange transfer to:
Bendigo Bank,
Account Name: Environmental Health Australia
BSB: 633-000
Account Number: 127431054

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