

# APPLICATION FOR MEMBERSHIP 2026

Membership period: 1 January 2026 - 31 December 2026 only



## MEMBERSHIP TYPE (Please tick one)

- Corporate – for public or private companies
- Government – for local, state or federal governments

Please Note: Individual and Student memberships can be completed online at:  
[wmrr.asn.au/web/join\\_wmrr/become\\_a\\_member.aspx](http://wmrr.asn.au/web/join_wmrr/become_a_member.aspx)

## WMRR NATIONAL OFFICE

57 St Johns Road  
Glebe NSW 2037  
**(02) 8746 5000**  
ABN 78 071 897 848  
[info@wmrr.asn.au](mailto:info@wmrr.asn.au) | [www.wmrr.asn.au](http://www.wmrr.asn.au)

## ORGANISATION CONTACT DETAILS

Organisation: \_\_\_\_\_  
ABN: \_\_\_\_\_  
Street/Postal Address: \_\_\_\_\_  
Suburb/City: \_\_\_\_\_  
Country (If outside Australia): \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_

## COMPANY ADMINISTRATORS

The Company Administrator is the primary contact for your organisation and is in charge of managing the organisation's profile, member information, and membership renewals. They also have the capability to register their organisation's staff to any of our events on their behalf. The Company Administrator can be a member, but it is not mandatory.

### Company Admin 1:

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Company Admin 2 (optional):

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## WHAT TYPE OF ORGANISATION ARE YOU? (Please select ONE only)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Academia / Research       | <input type="checkbox"/> Equipment Supplier            | <input type="checkbox"/> Manufacturer / Generator | <input type="checkbox"/> Remanufacturing      |
| <input type="checkbox"/> Construction & Demolition | <input type="checkbox"/> Federal Government            | <input type="checkbox"/> Multiple Services        | <input type="checkbox"/> Resource Recovery    |
| <input type="checkbox"/> Collection / Transport    | <input type="checkbox"/> Hazardous Waste               | <input type="checkbox"/> MSW                      | <input type="checkbox"/> State Government     |
| <input type="checkbox"/> Commercial & Industrial   | <input type="checkbox"/> Industry Body                 | <input type="checkbox"/> Organics / Composting    | <input type="checkbox"/> Education / Training |
| <input type="checkbox"/> Landfill                  | <input type="checkbox"/> Professional Services         | <input type="checkbox"/> Energy from Waste        | <input type="checkbox"/> Local Government     |
| <input type="checkbox"/> Recycling                 | <input type="checkbox"/> Other (please specify): _____ |   |   |

WHAT IS THE SIZE OF YOUR ORGANISATION (IE NO. OF PEOPLE)? \_\_\_\_\_

WHAT YEAR WAS YOUR ORGANISATION FOUNDED? \_\_\_\_\_

HOW DID YOU HEAR ABOUT WMRR? \_\_\_\_\_

## YOUR PREFERRED MEMBERSHIP TYPE

Please select ONE only. All amounts quoted are annual fees and in Australian dollars (including GST).

	Corporation 1/ Government 1	Corporation 2/ Government 2	Corporation 3/ Government 3	Corporation 4/ Government 4
<b>Prices &amp; Inclusions:</b>	<b>\$602</b> Includes 1 Member Affiliate	<b>\$1,995</b> includes up to 4 Member Affiliates	<b>\$11,042</b> includes up to 26 Member Affiliate	<b>\$17,866</b> includes up to 51 Member Affiliates
<b>Additions:</b>	<b>\$400 (pp)</b> for up to 2 Additional Affiliates	<b>\$400 (pp)</b> for up to 21 Additional Affiliates	<b>\$400 (pp)</b> for up to 24 Additional Affiliates	<b>\$400 (pp)</b> for unlimited Additional Affiliates
<b>No. of Additional Affiliates required:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## PAYMENT METHOD

Please choose if you would like to receive an invoice or pay by card.

### 1. Electronic Funds Transfer

Tax Invoice to: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Credit/Debit Card

MasterCard      Visa      Amex

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CCV: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Please Note: Credit/Debit Card payments will incur a 1.3% Surcharge

### NOTE:

- Once payment has been received you will receive a welcome email from us that will signal your membership activation.
- In the case you do not already have existing login details, these will be included in the welcome email also. You can access your account through our website [www.wmrr.asn.au](http://www.wmrr.asn.au)
- The welcome email will also include a link to our Working Groups application form where you can choose to opt into our many Working Groups.
- We collect and manage personal information in accordance with the Australian Privacy Principles (APPs) and other requirements of the Privacy Act 1988.
- Each tier of membership consists of certain Member Affiliate(s) included in the membership with the option of including Additional Affiliates (additional members). Please complete the form/s below (pages 3 and/or 4) for each Member Affiliate and Additional Affiliate to be included in your membership.
- If you'd like help completing your application, please contact the WMRR National Office on (02) 8746 5000 or email us at [info@wmrr.asn.au](mailto:info@wmrr.asn.au)
- Send all completed forms to [info@wmrr.asn.au](mailto:info@wmrr.asn.au)
- **WMRR Membership is valid from 1 January to 31 December 2026 only. Applications submitted at any time throughout the year are charged at the full annual rate, unless otherwise specified.**

## MEMBER DETAILS

Must be completed for each Member Affiliate and each Additional Affiliate (refer to page 2 for inclusions)

### CONTACT DETAILS

Member Affiliate

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country (If outside Australia): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(if different to page 1)

### DECLARATION

I hereby make application for Membership of the Waste Management and Resource Recovery Association of Australia (WMRR) on behalf of my organisation and, if accepted, agree to be bound by the Constitution, Rules and By-Laws made thereafter, and to adhere to the Code of Conduct. For more information go to [www.wmrr.asn.au](http://www.wmrr.asn.au)

Full Name: \_\_\_\_\_

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

### CONTACT DETAILS

Member Affiliate

Additional Affiliate

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country (If outside Australia): \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Full Name: \_\_\_\_\_

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

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CONTACT DETAILS		Member Affiliate	Additional Affiliate
Prefix:	First Name:	Surname:	
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Full Name: \_\_\_\_\_

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

CONTACT DETAILS		Member Affiliate	Additional Affiliate
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Full Name: \_\_\_\_\_

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

**PLEASE COPY/REPRINT THIS PAGE AND ATTACH FOR EACH ADDITIONAL MEMBER YOU WOULD LIKE TO ADD**