

## CHANGE OF MEMBER REPRESENTATIVE - Page 1 of 2

PLEASE COMPLETE **SECTIONS 1 & 2**, AND THEN THE RELEVANT DETAILS TO NOTIFY US ABOUT:

1. A new Member Representative for your Company
2. A new Alternate Member Representative for your Company
3. A change in contact details for your current Member or Alternate Member Representative

### SECTION 1 - Member Company Details

Company Name \_\_\_\_\_ WPTWA Member # \_\_\_\_\_

Member Category                      **CORPORATE**                      **ASSOCIATE**                      (circle whichever is applicable)

Name of the Person completing this Form \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 2 - Type of Change

(indicate which is applicable)

- New Member Representative** PLEASE COMPLETE **SECTION 3**
- New Alternate Member Representative** PLEASE COMPLETE **SECTION 4**
- Change of Contact Details for existing Member Representative** PLEASE COMPLETE **SECTION 5**
- Change of Contact Details for existing Alternate Member Representative** COMPLETE **SECTION 5**

### SECTION 3 - New Member Representative

(please complete both Current and New Representative details)

Current Representative (Title, First Name, Surname) \_\_\_\_\_

New Representative (Title, First Name, Surname) \_\_\_\_\_

Job Title \_\_\_\_\_

Street Address \_\_\_\_\_ Postal Address (if different to Street Address) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Personal / Executive Assistant contact details (if relevant)

Name (Title, First Name, Surname) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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### SECTION 4 - New Aternate Member Representative

(please complete all details)

Current Representative (Title, First Name, Surname) \_\_\_\_\_

New Representative (Title, First Name, Surname) \_\_\_\_\_

Job Title \_\_\_\_\_

Street Address \_\_\_\_\_ Postal Address (if different to Street Address) \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Personal / Executive Assistant contact details (if relevant)

Name (Title, First Name, Surname) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### SECTION 5 - Change in Contact Details

(please indicate whose contact details have changed)

**Member Representative**       **Alternate Member Representative**

(please indicate which details have changed)

(new details)

**Representative Name** (Title, First Name, Surname) \_\_\_\_\_

Job Title \_\_\_\_\_

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

Postal Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Personal Assistant Name** (Title, First Name, Surname) \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**Date the change will come into effect:** \_\_\_\_\_

**PLEASE FORWARD YOUR COMPLETED FORM TO:**

Wellsite Permit to Work Association, Inc.  
PO Box 456, Unley, SA 5061

**Or to our email:**  
materials@wellsite.org.au

**ADMIN USE ONLY**

Date Received:  
Date Processed: