MEMBERSHIP APPLICATION



ORGANISATION DETAILS

| Organisation name | | | |
|--|----------|-------------------|---------|
| ABN/ACN | | | |
| ORGANISATION DESCRIPTION Description (200 words or less) | ON | | |
| | | | |
| ORGANISATION ADDRESS | | | |
| Business address Address | | Suburb/Town | |
| | | | |
| State | Postcode | | Country |
| | | | |
| Postal address (if different from above Address | re) | Suburb/Town | |
| 71441 655 | | Suburb/ Town | |
| State | Postcode | | Country |
| | | | |
| CONTACT | | | |
| Principal contact | | Secondary contact | |
| First name | | First name | |
| | | | |
| Surname | | Surname | |
| | | D 111 | |
| Position | | Position | |
| Farail. | | For all | |
| Email | | Email | |
| Talanhana | | Tolonhono | |
| Telephone | | Telephone | |
| Mobile | | Mobile | |
| | | | |

MEMBERSHIP APPLICATION



MEMBERSHIP FEES

A tax invoice will be issued upon acceptance of application by the AHC board.

| Tier | Title | Fee p.a (+GST) | Criteria |
|------|-----------------------|----------------|------------------|
| 1 | Executive member | \$15,000 | >100 employees |
| 2 | Industry member | \$10,000 | 25-100 employees |
| 3 | Small business member | \$5,000 | <25 employees |

MEMBERSHIP CRITERIA Yes No Does your organisation have a board/executive endorsed hydrogen strategy? Is your organisation committed to contribute to AHC committees and the broader group through in-kind contributions i.e. resources, expertise? Is your organisation committed to developing and investing in the Australian hydrogen sector as a whole? Does your organisation agree to the AHC code of conduct? How many global employees does your organisation have? If you wish to elaborate on any of the above please include here

RETURN OF FORM

Return this application form via email to info@H2council.com.au

DECLARATION

I declare that the information provided on this form is complete, accurate and up to date and I am not aware of any circumstances which may affect this application other than those I have disclosed on this application form.

| Signature | Date |
|-----------|------|
| | |

If you require assistance completing this form, please contact info@H2council.com.au.