

# MEAS Middle East Acoustic Society

## APPLICATION FOR MEMBERSHIP

### Instructions for completion:

We have attempted to make this task as simple as possible whilst maintaining relevance to the group and our desire to be as professionally correct as possible. If an item does not apply to you or your firm please simply type in N/A

Please add further sheets where space is insufficient.

This document must be signed by the Member or their Representative, as nominated in Item 5.

Please forward electronic scanned copies of;  
This Application Form  
Signed Code of Ethics Form to:      Attention: Gerald Stewart  
C/- gts.sound@hotmail.com

Deadline for submission of Annual Review:      **January 1<sup>st</sup>, Annually.**

**1. DATE OF APPLICATION**

**2. NAME OF PERSON OR FIRM**

**3. ADDRESS OF PRINCIPAL  
OFFICE**

**4. TELEPHONE**

**FAX**

**EMAIL**

**5. REPRESENTATIVE**

**(Refer Footnote)**

### "Representation"

The Representative of each Member being a partnership, firm, company or separate and distinct branch or division thereof shall be designated in writing under the hand of the management of that Member firm to be its representative to the Society. The representative shall be Principal or Manager

**6. ADDRESS(ES) OF BRANCH OFFICE(S):**

(State name of employee(s) in charge, professional qualifications, prior experience, and details of supervision by Partners/Directors). (Please attach details on a separate sheet)

**7. NAMES OF ALL PARTNERS/DIRECTORS:**

**8. NAMES OF OTHER SHAREHOLDERS/PRINCIPALS:**

**9. FORMAL QUALIFICATIONS OF APPLICANT or PARTNERS/DIRECTORS:**

(Degree/Diploma/Course/Other; University/College/Others; Date Qualified)

**10. MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS OF APPLICANT or PARTNERS/ DIRECTORS:**

(Name of Institution/Society/Assoc'n; Grade of Membership; Years in grade)

**11. DATE OF COMMENCEMENT OF PRACTICE**

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( If less than five years, please attach details of Partners/Directors prior experience )

**12. FOR COMPANY APPLICATIONS - TOTAL NUMBER OF:**

Partners/Directors

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Professional Qualified Staff

--

Technical Staff

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Administrative Staff

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**13. FOR COMPANY APPLICATIONS - PROFESSIONAL PRACTICE:**

Is the firm solely concerned with Acoustical Consulting?


If **"NO"**

% Acoustical Consulting

% Other Activity

**14. RELATED OR ASSOCIATED ORGANISATIONS OF PRINCIPAL/S:**

Does the Firm/Company or any Partner/Director engage in or have any interest in or any association with a firm engaged in any process of materials supply, manufacturing, construction, erection or supply or any form of contracting?

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If "YES" give full details:

**15. PROFESSIONAL AND TECHNICAL RESPONSIBILITIES OF APPLICANT OR COMPANY:**

Are any of the Partners/Directors aware of any circumstances which have resulted in or may result in any claim being made against the Firm/Company, its present or former Partners/Directors or predecessors?

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If "YES" give full details:

**16. TRAINING AND CONTINUING EDUCATION**

Does the company conduct internal and/or external training schemes?

Is the applicant currently undertaking or planning to undertake any internal or external training schemes?

It is a requirement that society members ensure that principals, managers and staff keep up-to-date on legislation, standards, calculations and prediction procedures and measurement methodologies. A register of yearly continuing professional development should be kept current

Internal			Yes			No	
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If "YES" give full details:

Number of training sessions per year

Average durations, hrs

Average number of attendees

How are presentation details stored or distributed to others


External			Yes			No	
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If "YES" give details of type of course and number of attendees:

Technical software use and application  
 Drafting or graphics software  
 IOA/AAS acoustic courses  
 Business management/administration  
 Overseas training courses  
 Conferences and seminars  
 Equipment use and measurements


**Continuing education/professional development**

Does the company actively encourage and support continuing professional development (CPD) by allowing and supporting staff to undertake continuing education?

			Yes			No	
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If "YES" give details of type of course and number of attendees:

	Yes	No	Comment
Provision of study time to an agreed level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Support by financial or other means for books , attendance etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Attainment of Professional Study CPD times (50 hrs per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Study for membership of related disciplines; eg, planning, engineering, applied sciences, musical or construction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Does a majority of your organisation undertake CPD; if not give percentage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Do those undertaking CPD achieve graduate degree or post-degree status, if so provide details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**17. REPRESENTATION ON AUSTRALIAN STANDARDS COMMITTEES AND WORKING GROUPS:**

Are any members of the company on any Committees or Working Groups which review acoustic standards ?

If "YES" give full details:

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**18. PROFESSIONAL INDEMNITY INSURANCE:**

With Whom Insured

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Date of Expiration of Policy

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Amount Insured

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Any Special Conditions

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**19. DECLARATION BY REPRESENTATIVE OF MEMBER FIRM:** (Nominated in Item 5)

I/We being Acoustical Consultants and being eligible in terms of the Societies requirements declare that the particulars set out above are correct in all respects and I/We further declare that we comply with Paragraph 3.02 ( membership condition ) of the AAAC. Constitution.

Signature:

Date: