# 2016 Graduate membership application form



Graduate membership of the Institute is available to those who have graduated from a recognised Masters of Architecture or two tier equivalent architecture course.

All membership subscription prices include GST.

1800 770 617 (within Australia)

membership@ architecture.com.au

### How to apply for membership

- Complete and sign this form (the original must be delivered or posted to your local Chapter).
   Please attach certified copies of your degree.
- Under the Institute's Privacy Policy, information you give us is either essential information for primary purposes, or non-essential information for secondary purposes. Entry boxes on this form for essential information are marked

with a \*. We cannot process your application without all essential information. Unmarked boxes are for non-essential information which helps us to deliver benefits and services to you. We encourage you to provide this information but completing non-essential boxes is optional.

 Please refer to the <u>privacy policy</u> under 'About us' at www.architecture.com.au

| Have you been a mei | mber previously?* Yes / No | Member Number  |
|---------------------|----------------------------|----------------|
| Title*              | Given name/s*              |                |
| Surname*            |                            |                |
| Preferred name      |                            | Date of birth* |
| Home address*       |                            |                |
| Suburb*             |                            | Postcode*      |
| Mobile number*      | Home n                     | umber*         |
| Email*              |                            |                |
| Work details        |                            |                |
| Company name        |                            |                |
| Company telephone   |                            |                |
| Company address     |                            |                |
| Company suburb      |                            | Postcode       |
| Company website     |                            |                |
| Company email       |                            |                |

| Employment category       |                              |
|---------------------------|------------------------------|
| Principal – private       | Educator                     |
| Partner – private         | Unemployed                   |
| Associate – private       | Retired                      |
| Sole practitioner         | Consultant                   |
| Salaried – private sector | Student                      |
| Salaried – public sector  | Other (Please specify below) |
|                           |                              |
| Education Course name/s*  |                              |
| Tertiary institution*     |                              |
| Graduation date*          |                              |

| Company      |   |
|--------------|---|
| Company      | website   |
| Company      | email   |
| Where wo     | uld you like mail sent to?* 🗌 Home (  |
|              |   |
|              |   |
|              |   |
| Membe        | rship type (Please tick box)  |
|              | <del></del>   |
|              | Grad Tier A \$971 p.a.  |
| GTA          | Those who graduated from an   |
|              | M.Arch or equiv. 2005 and prior   |
| For the car  | tegories below, the Institute subsidise   |
| the memb     | pership subscription fee.   |
|              | Grad Tier B \$547 p.a.  |
| GTB          | Those who graduated from an   |
|              | M.Arch or equiv. from 2006-2010   |
|              | Grad Tier C \$243 p.a.  |
| GTC          | Those who graduated from an   |
|              | M.Arch or equiv. from 2011 - 2014   |
|              | SONA Bridging \$85p.a. Those  |
| SB           | who graduated from an M.Arch or   |
|              | equiv. in 2015  |
| Automa       | tic renewals  |
| T            |   |
|              | e will automatically renew all memberships<br>of the calendar year. Please read the terms |
|              | ons of automatic renewals at  |
| architecture | e.com.au/renew.   |
| To ont out o | of automatic renewals and continue paying   |
|              | ng manually, tick this box*   |
|              |   |
| •            | ing this box, you indicate that you agree to  |
| the terms at |   |

|   | Grad         |
|---|--------------|
|   |              |
|   |              |
|   |              |
| <u>Payment</u>  |              |
| Membership fee \$   |              |
| Membership is based on the calendar year - please contact you<br>Chapter to confirm the subscription fee. Quarterly payments a<br>only available when joining between Jan 1 - Mar 31 and paying<br>credit card. Payments are deducted at submission, 1/4, 1/7 and | re<br>g with |
| Payment details   |              |
| ☐ Credit card ☐ Quarterly payment   | s            |
| Card Type:  |              |
| □ Visa    □ Mastercard    □ AMEX  Fees paid by credit card will incur an additional merchant ser fee of 1.5% for VISA & Mastercard, and 3.0% for AMEX   | vice         |
| Cardholder's name   |              |
| Expiry date CCV   |              |
| Signature   |              |
|   |              |
| or, please find enclosed my:  |              |
| or, please find enclosed my:  Cheque  |              |
|   |              |

## <u>Declaration</u>

I, the undersigned declare that I am eligible to be admitted under the Articles of Association and that if admitted:

I will abide by the Articles of Association and by the Regulations of the Institute (these documents can be found on our website under 'About us' then 'Governance'); and that the information supplied in this application is correct.

Signature\*

Date:

#### Address details

ACT 2A Mugga Way RED HILL 2603

NSW 'Tusculum' 3 Manning Street POTTS POINT 2011

NT Unit 3, 4 Shepherd Street DARWIN 0800

QLD Level 1, 70 Merivale Street SOUTH BRISBANE 4101

SA 100 Flinders Street ADELAIDE 5000

TAS Level 1, 19A Hunter Street HOBART

VIC Level 1, 41 Exhibition Street MELBOURNE 3000

WA 33 Broadway NEDLANDS 6009

### Internal use only:

| Qualifications sighted by:   | Date: |  |
|------------------------------|-------|--|
| Chapter Manager:             | Date: |  |
| National Membership Officer: | Date: |  |
| Payment received by:         | #     |  |