2018 Member Level 1 membership application form



Member Level 1 is a corporate membership that provides registered architects with the ability to enter the local and national Awards programs, to vote and be elected to office and with access to Acumen.

All membership subscription fees 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 to your local Chapter).
- 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 an *.
- We cannot process your application without all essential information. Unmarked boxes are for non-essential information. Although optional we encourage you to complete this information where known.
- Please refer to the <u>privacy</u> <u>policy</u> under 'About us' at <u>architecture.com.au</u>

Have you been a mem	ber previously?* ☐Yes / ☐No Member number	
Title* Giv	en name/s*	
Surname*		
Preferred name	Date of birth*	
Home address*		
Suburb*	Postcode*	
State	Country	
Mobile number*	Home number*	
Email*		
Employment details		
Company name		
Company telephone		
Company address		
Company suburb	Postcode	
State	Country	
Company website		
Company email		

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Company	y email
Where w	ould you like mail sent to?* 🗆 H
Educati	ion
Course na	ime/s*
Tertiary in:	stitution*
Graduatio	n date/s*
Automa	atic renewals
Ensure the	at your membership remains
	s by selecting to have it renewed
	ally at the end of each calendar
,	se read the terms and conditions of renewals at architecture.com.au
	
	ree to have your membership automatically each year? *
☐ yes	□ no
By ticking 'y	res' above, you indicate that you have
	ree to the terms and conditions of
automatic re	enewals.

Postcode				
Country				
default) /□Work				
Payment Membership fee \$1,060 p.a. (inc GST) (Not applicable for A+ applicants see note 4)				
Membership is based on the calendar year. See note (1) for applicable pro-rata fee rates. Quarterly instalments are available only when joining between Jan 1 - Mar 31 and paying with credit card. Quarterly instalments are deducted at submission, 1 April, 1 July, 1 Oct.				
Payment details				
Credit card ☐ Quarterly instalments ☐				
Card Type:				
Visa ☐ Mastercard ☐ AMEX ☐				
Cardholder's name				
Expiry date CCV				
Signature				
or, please find enclosed my:				
☐ Cheque				
Please make cheques payable to 'Australian Institute of Architects'				
Please send this completed application form and supporting documents to your local Chapter – addresses available at architecture.com.au				

Employment category	1	
Principal # – private Partner # – private Associate – private Sole practitioner # Salaried – private sector Salaried – public sector	Educator Unemployed Retired Consultant Other # eligible for A+ membership	
Registration details		
State/Territory*	Reg number*	
Declaration I declare that I am eligible to b Constitution, and that if admitt Constitution and all policies of Council (these documents call under 'About Us' and then 'Go information supplied in this apcorrect. By submitting this application	ed I will abide by the of the Board and National on be found on our website overnance'); and that the plication is true and	

Notes

Signature*
Date:

(1) Membership fees are based on the calendar year. Pro rata rates apply as follows: Full rate 1 Dec - 31 March, 75% rate 1 April - 30 June, 50% rate 1 July - 30 Sept, 25% rate 1 Oct - 30 Nov.

understand and agree to the <u>terms and conditions</u> of <u>membership</u> published at <u>architecture.com.au</u>.

- (2) Membership fees are inclusive of GST
- (3) Overseas members qualify for a 50% fee discount. (no GST applies)
- (4) A+ membership applicants must contact the Membership Team to determine eligibility and obtain an A+ fee quote based on current eligible staff numbers.

Internal use only:

Qualifications sighted by:	Date:
Executive Director	Date:
National Membership Officer:	Date:
Payment received by:	#