

NEW MEMBERSHIP APPLICATION FORM

Email completed form to admin@aicntconveyancers.com.au

Invoice will be issued upon receipt and approval of application.

Membership is current in the year of this application ending 31 December Annually.

Ordinary Member	Affiliate Member	Student Member
\$370 inc GST	\$370 inc GST	\$260 inc GST
ONE APPLICATION FORM PER MEMBER		
Applicant Surname:		
Applicant Given Name(s):		
Applicant Signature:		Date of Application:
*Proposer Full Name (Print):		Proposer Signature:
*Seconder Full Name (Print):		Seconder Signature:
<p>*Note</p> <p>Applications must be proposed and seconded by existing full financial members in the same category of the Division of the Institute for which this application is made.</p> <p style="text-align: center;">If you have difficulty in finding a proposer and seconder please contact AICNT for assistance</p>		
Occupation:		Date of Birth:
Qualification Or Course and year level:		
Company Name/Business Name:		ABN :
Date Business Commenced:		
Business Postal Address:		
	State	NT
Business Email Address:	Postcode	
Business Mobile Number:	Business Phone Number:	
Home Address:		
	State	NT
Preferred Mailing Lists:	Postcode	
	LTO Box No <input type="checkbox"/>	Business <input type="checkbox"/>
	EMAIL <input type="checkbox"/>	Other _____

THIS SECTION IS FOR REGISTERED CONVEYANCER'S APPLICATIONS ONLY. PLEASE ATTACH A SCAN OR SEND A COPY OF YOUR AGENTS LICENCE REGISTRATION (INCLUDING CAL REGISTRATION NUMBER) & DRIVERS LICENCE

I (full name) _____ Certify that these details are true and correct.
 Details of membership of other professional bodies: _____

Date of first issue of licence/ registration	/ /	Licence/ registration number	
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If a licence/registration is or has been held in a State or Territory other than that in which this application is made, please give details

Have you ever been refused a licence/registration or has a Licence/registration you have held ever been cancelled? YES NO

If 'YES', please give details

Please assist us to complete all required fields.

Incomplete forms will be returned to applicants to rectify.

Office Use Only

Date received		Form completed	YES <input type="checkbox"/> NO <input type="checkbox"/>
Invoice Issued	YES <input type="checkbox"/> NO <input type="checkbox"/> Invoice No:	Full Member \$370.00 inc Student \$250 inc	
Date to Division Council			
Advice to National Council			
Member data updated	YES <input type="checkbox"/> NO <input type="checkbox"/> Date:		
Letter sent to Member	YES <input type="checkbox"/> NO <input type="checkbox"/> Date:		
Certificate completed	YES <input type="checkbox"/> NO <input type="checkbox"/> Date:		
Proposer Financial	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Secunder Financial	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Comments			