



AUSTRALIAN  
INSTITUTE OF  
OFFICE PROFESSIONALS

## Corporate Membership Application

Company Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Delegate 2: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Delegate 3: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Delegate 4: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

\* Additional Delegate: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

\* Additional Delegate: \_\_\_\_\_ Title: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*Optional at a cost of \$80.00 per additional delegate (if more than 6 Delegates please attach a list).**

**CORPORATE MEMBERSHIP** of the Institute of Office Professionals includes the following:

- ★ Annual fee of \$ 345.00 (due on 30 June and payable by 31 July of each year).
- ★ Voting rights for two (2) staff nominees.
- ★ Rights for two (2) selected staff members to be part of a Committee of Management of AIOOP.
- ★ Attendance at AIOOP functions/meetings for all listed delegates at AIOOP members' prices.
- ★ Access to AIOOP network via the National Magazine and Divisional Newsletters (member rates apply).

**We are interested in the Institute's Diploma of Business. Please send us further information.**

I declare that the information provided in this application is correct and I agree to abide by the Constitution of the Australian Institute of Office Professionals, as amended from time to time. Please refer to our Privacy Statement, a copy of which is located on our website (listed below).

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Company Representative)

Method of Payment (please tick v)	Cheque	Money Order	MasterCard	Visa	Direct Deposit
Card Number : _____	Expiry Date: _____ / _____		Amount \$ _____		
Cardholders Name: _____			Signature: _____		