



AUSTRALIAN
INSTITUTE OF
OFFICE PROFESSIONALS

Individual Membership Application

Ms Miss Mrs Mr Surname: _____

Given Names: _____ Preferred Name: _____

Private Address: _____

Telephone: _____ (h) _____ (b)

Mobile: _____ Fax: _____

Preferred Email: _____

Employer's Name: _____

Employer's Address: _____

State: _____ P/Code: _____

Title/Position Held: _____

Preferred mailing address for National Magazine 'Leading the Way' and any other written correspondence Home Work

I apply for the following Grade of Membership:

Fellow Associate Fellow Member Associate Affiliate Student

If applying for Fellow or Associate Fellow grade please enclose evidence of qualifications and experience in support of application, as per criteria for grade, which can be found on website.

This section must be completed by all applicants applying for the Membership Grade of STUDENT.

I am a FULL-TIME STUDENT

Name of educational institution: _____

Title of course and course code: _____

Expected year of completion: _____

NOTE: Student Grade of Membership is only available to students studying an approved FULL-TIME business course at an approved educational institution. It is not available to students studying by correspondence or part-time and who are employed either full-time or part-time.

I am interested in the Institute's Diploma of Business. Please send me 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: _____

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