



CORPORATE (BUSINESS PARTNER) MEMBERSHIP APPLICATION

Company / Business Name _____

Main Contact Name: _____

Business Address: _____

Telephone: _____ (h) _____ (b)

Mobile _____ Preferred Email: _____

Corporate Representative Name (1) _____

Email Address _____

Corporate Representative (2) _____

Email Address _____

Corporate Representative (3) _____

Email Address _____

Corporate Representative (4) _____

Email Address _____

**If additional members are required for this corporate membership please contact our membership officer
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: _____

PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING

Method of Payment (please tick v)	Cheque		MasterCard	Visa	Direct Deposit (Email copy of payment)
Card Number: _____ _____ _____ _____			Expiry Date: /		Amount \$
Three digit security number: _____					
Cardholders Name:			Signature:		

If you require a tax invoice please send an email to membership@aioo.com.au along with this form.