

AMInstitute Membership Application

As these details are of a private and confidential nature, please PRINT out the completed form and forward to the above postal address or fax number, you will then be issued with a tax invoice for payment. Membership fees and criteria are shown at the end of this application form.

Personal Information and Contact Details

Personal Information

Title	First name		
Preferred Name:	Surname		
Preferred Region: (circle) NSW/ACT, QLD/NZ, VIC/TAS, SA/NT/WA			
DOB:	Sex: M / F	Professional Development Stream: (circle) Director / Manager/ Both	
Email:	Subscribe to email:	Yes	No

Company Name:

Title/Position: _____

Address Details: Please provide one preferred postal address. If you are using a business address, include floor / level details as applicable

Primary Address: This is my home business

Street Address / PO Box: _____

Suburb	State:	Postcode:	Country:
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Secondary Address: This is my home business

Street Address / PO Box: _____

Suburb	State:	Postcode:	Country:
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Contact Numbers: please tick the preferred contact number

Home: () Work: ()

Mobile: Facsimile: ()

PLEASE ENSURE YOU READ THE MEMBERSHIP CRITERIA OF THE APPLICATION BEFORE SELECTING YOUR MEMBERSHIP GRADING.

Application for admission as (for credit union / building society or other mutual organisation personnel):

Fellow* Associate Fellow* Member Associate

Application for admission as (other organisation personnel): Affiliate

* Applications for admission as Fellow or Associate Fellow must be accompanied by evidence of your academic qualifications in the form of an original or certified copy, and; an outline of your career history including relevant dates, positions held and the organisations involved.

Affiliate Applications Only

Please supply information on your business relationship to credit unions, building societies or other mutual organisations.

All credit union and building society or other mutual organisation Applicants

If not the Chief Executive (or equivalent) or a Director, please show your line of reporting to your Chief Executive and attach a job description of your current position

THE AMInstitute MEMBERSHIP CATEGORISATION SYSTEM

Grade	Criteria	Postnominals
Fellow	A minimum of 15 years experience as a director or manager of a mutual ADI or other mutual Organisation; or a minimum of 10 years experience as a director or manager of a mutual ADI or other mutual Organisation & a minimum of 1 year as a mutual ADI or other mutual Organisation chief executive (or equivalent) or mutual ADI or other mutual Organisation chairman; or a minimum of 5 years experience as director or manager of a mutual ADI or other mutual Organisation & a minimum of 3 years as a mutual ADI or other mutual Organisation chief executive (or equivalent) or mutual ADI or other mutual Organisation chairman; or a minimum of 5 years experience as a director or manager of a mutual ADI or other mutual Organisation & successful completion of the <i>Diploma of Financial Services</i> FNS04 (Credit Union / Building Society Directorship) or recognised degree/ postgraduate diploma from an accredited educational institution.	FAMI
Associate Fellow	A minimum of 10 years experience as a director or manager of a mutual ADI or other mutual Organisation; or 5 years experience as a director or manager of a mutual ADI or other mutual Organisation & a minimum of 1 year as a mutual ADI or other mutual Organisation chairman or chief executive (or equivalent)	AFAMI
Member	A person holding the office of mutual ADI or other mutual Organisation director; or employed in a functional area of management in a mutual ADI or other mutual Organisation with decision-making powers that affect the objectives of the organisation.	MAMI
Associate	A person holding the position of mutual ADI or other mutual Organisation alternate or associate director; or A person who is employed in a mutual ADI or other mutual Organisation in a managerial, trainee managerial, or supervisory position, or in any other position deemed appropriate by the Board, but who does not meet the eligibility requirements to be a Member.	AAMI
Affiliate	A director or trustee, an alternate or associate director of a mutual ADI or other mutual Organisation service provider or credit union Foundation Australia Ltd; or A person who is a director or is employed in a managerial position in an organisation which conducts business with mutual ADI or other mutual Organisation; or A person employed in a managerial position in an organisation conducting business with mutual ADI or other mutual Organisation; or A person employed by an organisation representing mutual ADI or other mutual Organisation, a subsidiary or company related to that body in a functional area of management.	(none)

ANNUAL MEMBERSHIP FEES (1 JANUARY TO 31 DECEMBER) ALL FEES ARE GST INCLUSIVE

- Fellow / Associate Fellow / Member **\$143.00**
- Associate **\$55.00**
- Affiliate **\$143.00**
- Retired Members **\$33.00**
- Discount for credit unions/building societies & other mutual organisations <\$100m -**\$22.00 per member** (Fellow / Associate Fellow / Member grades only)
- Corporate Membership Discount-**\$22.00 per member**
(For credit unions / building societies / other mutual organisations with **15** or more AMInstitute members)
(Fellow / Associate Fellow / Member grades only)

PLEASE DO NOT SEND FEES – YOU WILL BE ISSUED WITH A TAX INVOICE UPON ACCEPTANCE OF YOUR APPLICATION.

I, the undersigned, herewith agree, upon admission to the Institute, that I shall be governed by the Constitution of the Institute as currently framed, or as they may be altered, amended or enlarged. Additionally, I undertake to promote the objects of the Institute insofar as it is in my power so to do. Furthermore, I authorise the secretariat of the Institute to make whatever enquiries as may be deemed necessary as regards this application, I certify that the Statements made by me herein are correct. I acknowledge that AMInstitute reserves the right to refuse my application for membership without assigning any reason.

Applicants Signature Date (dd/mm/yy)

AMInstitute USE ONLY

Regional Approval Yes No Date (dd/mm/yy) Signature

Comments:

National Office Approval Yes No Date (dd/mm/yy) Signature

Comments:

Office Received Date: Date Entered Tax Invoice

Comments:

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