

# 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
<b>Fellow</b>	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.	<b>FAMI</b>
<b>Associate Fellow</b>	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)	<b>AFAMI</b>
<b>Member</b>	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.	<b>MAMI</b>
<b>Associate</b>	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.	<b>AAMI</b>
<b>Affiliate</b>	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.	<b>(none)</b>

### 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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