



Please tick the membership category you are applying for:  Member  Associate  Affiliate  
 Full Time Student  Part Time Student

Name  
 Title First Surname  
 Date of Birth Gender  Male  Female  
 Telephone Home Business  
 Fax Mobile  
 Mailing Address  
 Suburb State Postcode  
 Country Email  
 Profession Industry  
 Employer Name AIPM Corporate Member  Yes  No

## Information Required for Associate and Member Level

Please attach CV or evidence of Educational Qualifications and Relevant Experience  
 Applications submitted without evidence will be processed at Affiliate level  
 For information regarding membership categories please visit [www.aipm.com.au](http://www.aipm.com.au)

## Information Required for Student Applications

School, University or Tafe  
 Course or Qualification  
 Duration Year of Completion

**Proof of Enrolment Must be Attached**

## Declaration

The statements made in this application are true and correct. I have read the AIPM's Code of Ethics and agree to abide by this Code. I have also read the AIPM's Constitution and agree to abide by the Constitution and to any Rules and By-Laws made in accordance with the Constitution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Details

- Cheque / Money Order Enclosed **OR**  
 VISA  MasterCard  Bankcard  American Express  Diners Club

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's Name: \_\_\_\_\_

Card Expiry: \_\_ / \_\_ Amount Authorised: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Standard Membership Joining Fees: **\$481.80** - Member **\$458.70** - Associate

Associate & Member levels include an Application Fee of \$148.50 (inc. GST)

**\$310.20** - Affiliate **\$72.60** - Part Time Student **NIL** - Full Time Student (Max. 2 yrs)

National Support Office

Level 9

139 Macquarie Street  
Sydney NSW 2000

**p.** (02) 8288 8700

**f.** (02) 8288 8711

**e.** [info@aipm.com.au](mailto:info@aipm.com.au)

**w.** [www.aipm.com.au](http://www.aipm.com.au)

**ABN** 49 001 443 303