

ORGANISATION MEMBER APPLICATION FORM



ORGANISATION (PLEASE COMPLETE ALL FIELDS)

ORGANISATION NAME:													
ADDRESS:													
SUBURB:						STATE:			POSTCODE:				
COUNTRY (IF OUTSIDE AUSTRALIA)													
INDUSTRY:						NUMBER OF PEOPLE IN YOUR HR TEAM:							
ORGANISATION TYPE:						NUMBER OF EMPLOYEES:							
<input type="checkbox"/> Private		<input type="checkbox"/> Public (Government)		<input type="checkbox"/> Not for profit		<input type="checkbox"/> 1-99		<input type="checkbox"/> 100-499		<input type="checkbox"/> 500-999		<input type="checkbox"/> 1000+	

COMPANY ADMINISTRATOR (PLEASE COMPLETE ALL FIELDS)

TITLE:			GIVEN NAME:			SURNAME:					
EMAIL ADDRESS:			PHONE:								
<p>• This is the person we will liaise with re: the renewal and administration of membership. Leave blank if principal member.</p>											

PRINCIPAL MEMBER (PLEASE COMPLETE ALL FIELDS)

TITLE:			GIVEN NAME:			SURNAME:					
<p>* IMPORTANT: Principal member must complete the linked member application form</p>											

CONDITIONS OF MEMBERSHIP

All members are bound by the Constitution, the Code of Conduct and all by-laws, notices and directives of AHRI. Full terms and conditions of membership are available at ahri.com.au

Submission of your signed application form and annual membership fee constitutes your acceptance of the terms and conditions of membership of AHRI. I agree to abide by the Constitution and terms and conditions of membership of AHRI.

Signature:
Must sign for application to be processed

PAYMENT DETAILS (PAYMENT MUST ACCOMPANY THIS FORM)

PLEASE SELECT MEMBERSHIP TYPE:

Organisation Member \$735 - Includes Principal Member only.

Additional Linked Members - If applicable, please attach 'Linked Member Application Form'.
See pricing table on linked member application form for additional members

All fees quoted are inclusive of GST. Payments will be processed within 5 working days of receipt of application. A receipt/tax invoice will be emailed to the Company Administrator. Upon payment of the appropriate amount this application form will become a Tax Invoice. Please keep a copy for taxation purposes.

TICK TO PAY VIA CREDIT CARD, PLEASE ENTER CARD DETAILS BELOW:

CARD NUMBER:	EXPIRY DATE:	CVV:	CARD TYPE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Mastercard
			<input type="checkbox"/> Visa
			<input type="checkbox"/> Amex
			<input type="checkbox"/> Diners

TICK TO PAY VIA CHEQUE OR MONEY ORDER (PLEASE MAKE PAYABLE TO: AUSTRALIAN HR INSTITUTE LIMITED)

PLEASE RETURN FORM AND PAYMENT TO:	SIGNATURE:
Australian HR Institute Limited ABN 44 120 687 149 Level 4, 575 Bourke Street, Melbourne, Victoria 3000 or email organisationmember@ahri.com.au	<input type="text"/>

INSERT FEES	
ANNUAL FEE:	\$ 735
LINKED MEMBER FEE:	\$
TOTAL FEES:	\$

PRIVACY STATEMENT: AHRI is concerned with the protection of your privacy. We support the Australian Privacy Principles (APPs) in the Privacy Act 1988 (Cth), as amended. AHRI collects and stores your personal information for the purposes of providing membership services, education and training programs. AHRI may use your contact details to promote AHRI products and services to you in the form of email communications and/or other types of communication. Email reception@ahri.com.au if you would prefer not to receive communications from AHRI. To view AHRI's full privacy policy visit ahri.com.au/privacy-policy.

OFFICE USE ONLY	MEMBER ID#:	WELCOME EMAIL SENT	<input type="checkbox"/>	WELCOME LETTER SENT	<input type="checkbox"/>
	DATE JOINED:	ORGANISATION CERTIFICATE SENT	<input type="checkbox"/>	PAYMENT PROCESSED	<input type="checkbox"/>