## **ORGANISATION MEMBER APPLICATION FORM**



## **ORGANISATION (PLEASE COMPLETE ALL FIELDS)**

ORGANISATION NA	AME:												
ADDRESS:													
SUBURB:								STA	ATE:		POSTCO	DE:	
COUNTRY (IF OUT:	SIDE	AUSTRALIA)											
INDUSTRY							AU IA	4DED 05	DEOD! E IN	1.1/01	10.110.75	***	
INDUSTRY:	DUSTRY:								MBER OF PEOPLE IN YOUR HR TEAM:				
ORGANISATION TY	YPE:			NU	JMBER OF EMPL	OYEES:							
Private		Public (Government)	Not for profit		1-99	100	0-499		500-99	19		1000+	
		RATOR (PLEASE COMPLE	TE ALL FIELDS)		CURNIANE								
TITLE:		GIVEN NAME: SURNAME:											
EMAIL ADDRESS: PHONE:													
This is the person we will liaise with re: the renewal and administration of membership. Leave blank if principal member.													
PRINCIPAL MEMBER (PLEASE COMPLETE ALL FIELDS)													
TITLE:		GIVEN NAME: SURNAME:											
			plete the linked member ap	plica	tion form								
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 <a href="mailto:ahri.com.au">ahri.com.au</a> Must sign for application to be processed											processed		
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.													
PAYMENT DETAIL													
PLEASE SELECT M	EMBI	ERSHIP TYPE:											
Organisatio	n Me	ember \$1000 - Includes F	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													
*Membership fees effective from 1 January 2024 for new members and all existing members with a renewal date in 2024													
All fees quoted are inclusive of GST. Upon payment of the appropriate amount you will receive a payment invoice. Please keep a copy for taxation/													
claims purpose													
Payment Option	ons (	tick one)											
I WISH TO PA	AY V	IA INVOICE											
I WISH TO PA	AY C	NLINE											
I WOULD LIK	(E AI	HRI TO CONTACT ME FO	R PAYMENT DETAILS										
DDIVACY STATEMENT	. AUD	Lis concerned with the protection	on of your privacy. We support the Au	ictralia	n Privacy Principl	os (7\ PDc\ ;	the Prive	ιον Λο <del>ι</del> 100	88 (Cth) ac a	amon	Ided AUR	Ucollects	
and stores your person	al info	ormation for the purposes of pro	oviding membership services, educat d/or other types of communication. E	ion and	d training progran	ns. AHRI m	ay use yo	ur contact	details to p	romo	te AHRI p	roducts	

OFFICE USE ONLY

MEMBER ID#:

DATE JOINED:

WELCOME EMAIL SENT

ORGANISATION CERTIFICATE SENT

PAYMENT PROCESSED

To view AHRI's full privacy policy visit ahri.com.au/privacy-policy.