

ORGANISATION MEMBER LINKED MEMBER APPLICATION FORM



Please email the completed form to enquiries@ahri.com.au

ORGANISATION

ORGANISATION NAME:

MEMBER TYPE (IMPORTANT, PLEASE TICK)

EXISTING MEMBER Please provide your member ID: _____

ASSOCIATE MEMBER

PROFESSIONAL MEMBER (MAHRI)

PERSONAL DETAILS (PLEASE COMPLETE ALL FIELDS)

Tick if Principal Member

TITLE: FIRST NAME: PREFERRED NAME:

MIDDLE NAME: LAST NAME:

DATE OF BIRTH (MANDATORY): GENDER:

BUSINESS EMAIL ADDRESS: *TICK IF PREFERRED PRIVATE EMAIL ADDRESS: *TICK IF PREFERRED

MOBILE PHONE: BUSINESS PHONE: PRIVATE PHONE:

***BUSINESS ADDRESS** (*TICK IF PREFERRED)

BUSINESS NAME:

BUSINESS ADDRESS:

SUBURB:

STATE: POSTCODE:

COUNTRY (IF OUTSIDE AUSTRALIA):

PRIVATE ADDRESS (*TICK IF PREFERRED)

PRIVATE ADDRESS:

SUBURB:

STATE: POSTCODE:

COUNTRY (IF OUTSIDE AUSTRALIA):

POSITION DETAILS (PLEASE COMPLETE ALL FIELDS)

YEAR COMMENCED IN HR:	CURRENT POSITION TITLE:		
<input type="text"/>	<input type="text"/>		
PLEASE SELECT POSITION CATEGORY:	PLEASE SELECT SPECIALISATION/WORK AREA:		
<input type="checkbox"/> CEO/Director	<input type="checkbox"/> Academic	<input type="checkbox"/> Organisational Development & Design	<input type="checkbox"/> Diversity & Inclusion
<input type="checkbox"/> Manager	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Learning & Development	<input type="checkbox"/> Generalist HR
<input type="checkbox"/> Business Partner	<input type="checkbox"/> Self-Employed Consultant	<input type="checkbox"/> Remuneration & Reward	<input type="checkbox"/> Workforce Planning
<input type="checkbox"/> Coordinator	<input type="checkbox"/> Specialist	<input type="checkbox"/> Talent Management	<input type="checkbox"/> Health & Wellbeing
<input type="checkbox"/> Administrator	<input type="checkbox"/> Other	<input type="checkbox"/> ER/IR	<input type="checkbox"/> HR Consulting
<input type="checkbox"/> Student		<input type="checkbox"/> Change Management	<input type="checkbox"/> Business/General Management

TERTIARY EDUCATION (PROFESSIONAL MEMBERSHIP ONLY)

QUALIFICATION TYPE:	DISCIPLINE:
<input type="text"/>	<input type="text"/>
INSTITUTION:	YEAR COMPLETED:
<input type="text"/>	<input type="text"/>

PLEASE SHARE YOUR PRIMARY AREAS OF INTEREST: (PLEASE TICK ALL RELEVANT TOPICS)

<input type="checkbox"/> Organisational Strategy	<input type="checkbox"/> Leadership	<input type="checkbox"/> Culture	<input type="checkbox"/> Future of Work
<input type="checkbox"/> Workforce Design	<input type="checkbox"/> Self-Development	<input type="checkbox"/> Operational HR	<input type="checkbox"/> Change Management

CONDITIONS OF MEMBERSHIP (PLEASE TICK ALL RELEVANT TOPICS)

All members are bound by the Constitution, the Code of Conduct and all by-laws, notices and directives of AHRI. The login you receive is personal and must not be shared with anyone else. Full terms and conditions of membership are available at ahri.com.au/about-us/governance/

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

By ticking this box I am giving permission for my name, state and membership type to be printed in AHRI publications as a new AHRI member.

ADDITIONAL MEMBER FEE

Additional members are \$396 incl GST per person registered

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.