## ORGANISATION MEMBER LINKED MEMBER APPLICATION FORM



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

**ORGANISATION** 

ORGANISATION NAME:					
MEMBER TYPE (IMPORTANT,	PLEASE TICK)				
ASSOCIATE MEMBER PROFESIONAL MEMBER (	nagement / People Management experiel	nce or an undergraduate degree (or high	ner) and 2 years' experience working in HR.		
Tick if Principal Membe	er				
TITLE: FIRST N.	AME:	PREFFERED NAME:			
LAST NAME:					
DATE OF BIRTH (MANDATORY):	GENDER:				
BUSINESS EMAIL ADDRESS:	*TICK IF PR	EFERRED PRIVATE EMAIL ADDRESS:	*TICK IF PREFERRED		
MOBILE PHONE:	BUSINESS PHONE:				
*BUSINESS ADDRESS	(*TICK IF ALSO POSTAL ADDRESS)	PRIVATE ADDRESS	(*TICK IF ALSO POSTAL ADDRESS)		
BUSINESS NAME:					
BUSINESS ADDRESS:		(*TICK IF ALSO POSTAL ADDRESS)  PRIVATE ADDRESS  (*TICK IF ALSO POSTAL ADDRESS)  PRIVATE ADDRESS:  SUBURB:			
SUBURB:		SUBURB:			
STATE:	POSTCODE:	STATE:	POSTCODE:		
COUNTRY (IF OUTSIDE AUSTRA	COUNTRY (IF OUTSIDE AUSTRALIA): COUNTRY (IF OUTSIDE AUSTRALIA):				
POSITION DETAILS (PLEASE (	COMPLETE ALL FIELDS)				
YEAR COMMENCED IN HR:	CURRENT POSITION TITLE:				
LEVEL OF EXPERIENCE:		PLEASE SELECT SPECIALISATION/W	ORK AREA:		
☐ CEO/Director ☐ Executive/GM/Head ☐ Manager ☐ Business Partner ☐ Coordinator ☐ Administrator	☐ Student ☐ Academic ☐ Lawyer ☐ Self-Employed Consultant (Principal/Owner) ☐ Specialist ☐ Other	<ul> <li>□ Organisational Developmen &amp; Design</li> <li>□ Learning &amp; Development</li> <li>□ Remuneration &amp; Reward</li> <li>□ Talent Management</li> <li>□ ER/IR</li> <li>□ Change Management</li> </ul>	t Diversity & Inclusion Generalist HR Workforce Planning Health & Wellbeing HR Consulting Business/General Management Other		
	LI Other	L Change Management	LI Other		

## TERTIARY EDUCATION (PROFESSIONAL MEMBERSHIP ONLY)

QUALIFICATION TYPE:	DISCIPLINE:				
INSTITUTION:					YEAR COMPLETED:
PLEASE SHARE YOUR P	RIMARY AREAS OF INTE	REST: (PLEASE TICK	ALL RELEVANT TOPICS)		
☐ Organisational Strat☐ Workforce Design	0,	ship velopment	☐ Culture ☐ Operational HR	☐ Future of Work ☐ Change Management	
CONDITIONS OF MEMB	ERSHIP (PLEASE TICK ALL RE	ELEVANT TOPICS)			
All members are boun of AHRI. The login you	Signature: Must sign for application to be processed				
	ship are available at <b>ahri.</b>	•			
•			ip fee constitutes your acceptance de by the Constitution and terms and		
conditions of members	· · · · · · · · · · · · · · · · · · ·	3, 2 2 32			

## ADDITIONAL MEMBER FEE

Additional members are \$420 incl GST per person registered

\*Membership fees effective from 1 January 2024 for new members and all existing members with a renewal date in 2024

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.