

**AUSTRALIAN INSTITUTE OF CONVEYANCERS NSW DIVISION**  
**Application for Membership**

**BUSINESS OWNER**

**Personal Details:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Tel: \_\_\_\_\_  
Home Address: (incl. Postcode) \_\_\_\_\_

**Business Details:**

Trading name of business: \_\_\_\_\_  
Company name: (If business incorporated) \_\_\_\_\_  
Business Address: No: \_\_\_\_\_ Street: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
PO Box: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
DX: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Web Address: \_\_\_\_\_

**Note:** For more than one office please show the details of other office/s on a separate sheet of paper and attach to this form.

**Full members must provide copy of licence: Copy attached [ ] Licence pending, copy to be forwarded [ ]**

**Professional Indemnity Insurance**

Members who contribute to the Institute's Professional Indemnity Insurance Scheme (self employed members) acknowledge and accept that they must participate in the Division's Risk Management Scheme. The scheme requires each member conducting a business must satisfactorily complete the online risk management self assessment. The cost of each assessment is to be borne by the member. Membership and inclusion in the AIC PI insurance reduced premium scheme is conditional upon acceptance of the terms of the Risk Management Scheme and satisfactory completion of the self assessment.

**Deposit Guarantees**

By signing this application members who issue deposit guarantees through the facility the Institute has with Deposit Power acknowledge and agree that they will be held liable for any claim that may be made against the Institute by Deposit Power, or any other body or person, if the claim arises because of the members failure to follow the guidelines for issue of the deposit guarantee as set down by Deposit Power. (full details are available from AIC NSW)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Membership is only available to individuals. Businesses or corporations do not qualify for membership.

**Note: 1.)** If a conveyancing business is carried on by a corporation at least one director must be a full member and fall into the category of "a licensee carrying on a conveyancing business" other directors can join as a full member in the category of "employed licensee".

**2.)** If a business is carried on under partnership at least one member must be a full member and fall into the category of "a licensee carrying on a conveyancing business" other partners can join as a full member in the category of "employed licensee".



3/5 Macquarie Street Parramatta NSW 2150  
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ABN: 12058117703  
(Incorporating: Association of Property Conveyancers Limited)

## TAX INVOICE

**MEMBERSHIP FEES – Membership is for the period 1 April to 31 March each year**  
*Fees are paid proportionately for periods less than 12 months;*

Member (Business Owner) \$803.00 per year, GST incl.

### MEMBERSHIP FEE PAYABLE

Membership year – 1 April to 31 March each year

FEE incl. GST	Multiplied by Months remaining	TOTAL PAYABLE
<b>\$66.91 month</b>		

(Calculate the membership fee using whole months – do not include the current month if it is not a full month.)

Signed by applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Keep a copy for your records and forward the application form with your cheque made payable to;  
“Australian Institute of Conveyancers NSW Division” or the signed credit card authority to:

Australian Institute of Conveyancers NSW Division,  
3/5 Macquarie Street Parramatta NSW 2150 or DX 8223 Parramatta

*Please do not tear off – send with completed application form*

### CREDIT CARD PAYMENT SLIP

Cardholder’s name: \_\_\_\_\_ Date: \_\_\_\_\_

Please debit my:      Bankcard       Mastercard       Visa   
Amount: \$ \_\_\_\_\_

Card Number

Expiry Date

\_\_\_\_\_

Cardholder’s Signature