

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)

Disclosure of Information: By signing this application members acknowledge that they are authorising the disclosure of their name and details of their business to the Australian Institute of Conveyancers National Office and Institute Business Partners for the sole purpose of distributing information on business related matters and services. Details disclosed will only be those already publicly available.

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".

