

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

**EMPLOYED LICENSEE**

**Personal Details:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Tel: \_\_\_\_\_  
Home Address: No: \_\_\_\_\_ Street: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Employer Details:**

Name of Employer's Business: \_\_\_\_\_  
Employer's address: No: \_\_\_\_\_ Street: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
PO Box: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
DX No: \_\_\_\_\_ Suburb: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

**Correspondence:**

Address for correspondence: (please tick) Home [ ] Work [ ] Other [ ]

Other address for correspondence: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

**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:** \_\_\_\_\_



3/5 Macquarie Street Parramatta NSW 2150  
Telephone: (02) 9633 1355 Facsimile: (02) 9633 1989 D.X. 8223 Parramatta  
Website: [www.aicnsw.com.au](http://www.aicnsw.com.au) Email: [info@aicnsw.com.au](mailto:info@aicnsw.com.au)

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 paid proportionately for periods less than 12 months;*

Member (employed) \$363.00 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
\$30.25 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