

AUSTRALIAN INSTITUTE OF CONVEYANCERS NSW DIVISION
Application for Membership

STUDENT

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: _____

Student members must provide evidence of course enrolment: Copy of evidence attached []
Applications cannot be completed until evidence of course enrolment is provided

Signature: _____ **Date:** _____

