

APPLICATION FORM

Advertising Institute of Australasia Inc. ABN 95 318 232 959



Contact:

Victorian Division
GPO Box 1
Melbourne Vic 3001

PERSONAL

NAME IN FULL (BLOCK LETTERS) UNDERLINE SURNAME	I _____ hereby apply for	OFFICE USE ONLY
	Membership as: <input type="checkbox"/> Student <input type="checkbox"/> Affiliate <input type="checkbox"/> Associate (AAIA) <input type="checkbox"/> Associate Fellow (AFAIA) <input type="checkbox"/> Fellow (FAIA) <input type="checkbox"/> Corporate Upgrading to: <input type="checkbox"/> _____ <input type="checkbox"/> Life Membership as a Retiree	Date Received _____ Ref No _____ Status Award _____
PRIVATE ADDRESS	Current Membership Status: _____ _____ _____ Postcode: _____	
BUSINESS ADDRESS	Date of Birth: _____ Phone: _____ Email Address: _____ Title: _____ Company: _____ _____ _____ Phone: _____ Fax: _____ Preferred mailing address: <input type="checkbox"/> Private <input type="checkbox"/> Business (tick applicable box)	

QUALIFICATIONS

TERTIARY AND PROFESSIONAL QUALIFICATIONS AND COURSES CURRENTLY BEING UNDERTAKEN	_____ _____ _____ _____	
DETAILS OF OTHER CONTRIBUTIONS TO THE INDUSTRY, ACHIEVEMENTS OR DETAILS OR RELEVANT MEMBERSHIPS TO SUPPORT YOUR APPLICATION	_____ _____ _____ _____ _____ _____ _____ _____	

EMPLOYMENT HISTORY

EMPLOYMENT HISTORY (PLEASE ATTACH A SEPARATE LIST IF THERE IS INSUFFICIENT SPACE)	Employer Name	From	To	Position Held	Category of Business Eg. Agency, creative shop, media representation	

REFEREES

WHOM MAY WE APPROACH TO ACT AS REFEREES? (Not required for students)	Name: _____	Checked _____
	Position: _____	
	Company: _____ Phone: _____	
	Name: _____	
	Position: _____	
	Company: _____ Phone: _____	

1. Annual Membership Fee: Student \$22.00 Affiliate \$33.00 Associate (AAIA) \$44.00 Associate Fellow (AFAIA) \$66.00 Fellow (FAIA) \$88.00 Corporate \$450.00		*Retired Status: Life membership is available only to Retirees who have left the workforce completely. This status may be reassessed if there is any subsequent return to the workforce.
Total Fee:		

I agree to be bound by the Rules of Association of The Advertising Institute of Australasia Inc and declare that the information I have supplied is true and correct. Signed: _____ Date: _____	Division President: _____ State: _____ Date: _____
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PLEASE NOTE: The board of Reference may require that new applications for membership initially be admitted at a lower level for a specified period before becoming eligible to apply for upgrading to the Institute's most senior status of Fellow.
 Cheques to be made payable to: "Advertising Institute of Australasia Inc".

Website: www.advertisinginstitute.org.au
Email: contact@advertisinginstitute.org