

APPLICATION FOR MEMBERSHIP as a business, firm, company or partnership

Please tick as appropriate: FULL MEMBER ASSOCIATE MEMBER

THE PROFESSIONAL ASSOCIATION FOR YOUR FUTURE

Membership of ASPIA is a sign of your commitment to professionalism. It demonstrates that you are serious about maintaining standards and contributing to the profession.

ALL APPLICANTS FOR MEMBERSHIP:

- ✓ Must be of good character
- ✓ Must not be currently Bankrupt, or subject to control under the Bankruptcy Act 1966
- ✓ Will not be accepted for ASPIA Membership if they have a charge pending involving fraud or dishonesty or have been convicted of or found to have committed an offence concerning fraud or dishonesty in the previous 10 years from the date of this application

Once we receive, process and approve your application you will receive a New Member Pack in the mail which includes a Membership Certificate.

Two Levels of Membership

1. Full Membership

To apply for and be eligible for full membership, your Company must be a Salary Packaging or Novated Lease administrator.

2. Associate Membership

An Associate member is an organisation that has a bona fide interest in the Salary Packaging and Novated Lease Industry or provides products and services to the industry.

Both Full and Associate members support the goals and interests of ASPIA and is bound by the Code of Conduct and the Constitution of the Association.

*Please refer to the levels of Membership and other relevant information on our website <https://www.aspia.com.au>

COMPLETE APPLICATION FORM

ABN ACN

Name of Legal Entity.....

Business Name
(this will be the name that appears on your ASPIA Membership Certificate)

State of Incorporation Mailing Address

.....

Suburb State P/Code

Street Address (leave blank if same as mailing address).....

.....

Suburb State P/Code

Business phone Fax

Mobile Email

Website

BUSINESS CONTACT DETAILS

The nominated representative will be the main point of contact in the business and is responsible for signing the annual membership declaration, as well as voting in elections.

Last Name Title First Name

Position Mailing Address

Suburb State P/Code

Street Address (leave blank if same as mailing address)

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Suburb State P/Code

Mobile Email

SECONDARY BUSINESS CONTACT

Last Name Title First Name

Position Mailing Address

.....

Suburb State P/Code

Street Address (leave blank if same as mailing address).....

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Suburb State P/Code

Mobile Email

PERSONAL DECLARATION

I acknowledge that by signing this application form and upon acceptance by ASPIA that we are contractually obligated, as an ASPIA member, to abide by:

- ✓ The ASPIA Constitution
- ✓ The ASPIA Code of Practice and associated governance
- ✓ The ASPIA Disciplinary Rules
- ✓ The rules of any other External Dispute Resolution Scheme approved by ASPIA from time to time, if applicable
- ✓ The ASPIA client transition rules

I declare that the information given in this application is complete, true and correct and that I have read, understood and agree with ASPIA's terms & conditions.

Last Name First Name

Signature Date

PAYMENT DETAILS

Payment of the following fees is required with the application form, and will be processed once the application for Membership has been approved.

Full Membership & Associate Membership Fee: \$10,000 + GST

Please either attach a cheque made payable to **ASPIA** and mail to; **PO Box 7622 Melbourne Vic 3004**

Or, direct deposit your payment to the following bank account:

BSB – 033 126

Account number – 514200

Account name – Australian Salary Packaging Industry Association