

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

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
- ✓ must be over 18 years of age

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



AUSTRALIAN SALARY PACKAGING INDUSTRY ASSOCIATION

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):
.....



AUSTRALIAN SALARY PACKAGING INDUSTRY ASSOCIATION

Suburb:..... State:..... P/code:.....

Business phone:..... Fax:.....

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.

I declare that the information given in this application is complete, true and correct and that I have read, understood and agree with ASPIA Terms and 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.

Member Fee \$1,000.00 + GST.

Please attach a cheque made payable to ASPIA and mail to;

PO Box 7232, St Kilda Road, VIC 8004