

MEMBERSHIP APPLICATION FORM

Please complete all sections using black or blue ink and return to your local AICD office (see over) with payment. Incomplete forms will be returned. Alternatively this form can be completed online at www.companydirectors.com.au

ABOUT YOU

Personal details

Mr/Mrs/Ms/Miss/Dr/Other: _____

Given name(s): _____

Family name: _____

Preferred name (if applicable): _____

Honorifics (e.g. AO, AM): _____

Date of birth: _____

Gender: Female Male

Highest educational qualification: (Please tick one only)

Doctoral Degree Diploma

Masters Degree Higher School Certificate

Post Graduate School Certificate

Bachelor Degree No recognised education qualification

Home contact details

Address: _____

Suburb/Town: _____

State: _____ Postcode: _____

Country: _____

Phone: _____

Mobile: _____

Email: _____

Business contact details

Position title: _____

Organisation name: _____

Address: _____

Suburb/Town: _____

State: _____ Postcode: _____

Country: _____

Phone: _____

Email: _____

Preferred contact options

Preferred phone contact: Business Home Mobile

Preferred mail contact: Business Home

Preferred email contact: Business Home

OFFICE USE ONLY

Member Number: _____ MRE: _____

Entered By: _____ Date: _____

About your membership*

To what extent do you agree or disagree with each of the following?

Through my membership I seek: (Please circle)

(Rate each on a scale of 0 = Strongly disagree to 10 = Strongly agree)

	0	1	2	3	4	5	6	7	8	9	10
Access to information that assists me in performing my role											
Opportunities to obtain more directorships/board positions											
Recognised credentials (i.e. post-nominals)											
Opportunities to be able to attend enjoyable events											
A sense of belonging to a professional association/community											
Opportunities to be able to contribute to policy and advocacy											
Opportunities to share my experiences and insight											

How did you hear about the AICD? (Please tick one only)

Advertisement Media coverage

AICD event or course Website/search engine

Direct mail Other

Friends and colleagues

Your communication preferences (Please tick as many as appropriate)

As a benefit of membership you will receive directorship communications from your local AICD office (determined by your preferred mailing address). If you wish to receive communications from additional offices, please indicate below:

Australian Capital Territory Tasmania

New South Wales Victoria

Northern Territory Western Australia

Queensland International

South Australia

Please turn over

ABOUT YOUR CAREER*

Year you first reported to a board:

Year you first became a director: _____ or Never been a director

Number of directorships currently held (including overseas): _____

Your primary directorship or role

Organisation name: _____

Organisation ABN: _____

Which best describes your primary role: (Please tick one only)

- | | |
|---|--|
| <input type="checkbox"/> Chairman | <input type="checkbox"/> COO, CIO, CFO |
| <input type="checkbox"/> Managing Director | <input type="checkbox"/> Company Secretary |
| <input type="checkbox"/> Executive Director | <input type="checkbox"/> Executive |
| <input type="checkbox"/> Non-Executive Director | <input type="checkbox"/> Professional advisor to a board |
| <input type="checkbox"/> CEO | <input type="checkbox"/> CEO/MD |
| <input type="checkbox"/> Other | |

Which best describes this organisation's type: (Please tick one only)

- | | |
|--|--|
| <input type="checkbox"/> ASX 200 Public Listed | <input type="checkbox"/> Private |
| <input type="checkbox"/> Other Public Listed | <input type="checkbox"/> Not-for-profit, Co-operative, Association |
| <input type="checkbox"/> Public Unlisted | <input type="checkbox"/> Statutory Authority |

Which best describes this organisation's industry: (Please tick one only)

- | | |
|---|--|
| <input type="checkbox"/> Agriculture, Forestry and Fishing | <input type="checkbox"/> Information Media and Telecommunications |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Financial and Insurance Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Rental, Hiring and Real Estate Services |
| <input type="checkbox"/> Electricity, Gas, Water and Waste Services | <input type="checkbox"/> Professional, Scientific and Technical Services |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Administrative and Support Services |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Public Administration and Safety |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Education and Training |
| <input type="checkbox"/> Accommodation and Food Services | <input type="checkbox"/> Health Care and Social Assistance |
| <input type="checkbox"/> Transport, Postal and Warehousing | <input type="checkbox"/> Arts and Recreation Services |
| | <input type="checkbox"/> Other Services |

Additional directorship information

You can add or update additional directorship information at any time on the AICD website in your Member Account.

COMPLETING YOUR APPLICATION

Membership category applied for:

Affiliate Member

Affiliate:

Entry to the category of Affiliate shall be by application by persons who:

- Are interested in the affairs of the AICD, aspire to become full members of the AICD but do not meet the full membership requirements; or
- Desire to enrol in AICD's Company Directors Course; or
- Are full time students in a tertiary institution.

Member:

Entry to the category of Member shall be by application by persons with two (2) or more years experience as:

- A director or alternate director of a company; or
- A senior executive with managerial responsibilities equivalent to those of an executive director; or
- A member of local Boards of Advice of companies; or
- A partner or sole proprietor of a professional practice (e.g. accountants, architects, solicitors, stockbrokers) or unincorporated business; or
- Academic personnel at the level of, or equivalent to, Professor (heads of appropriate facilities in technical colleges are included under this category).

Please note the AICD does not offer corporate memberships. All membership options are personal to the member and are not transferable.

Declaration

I hereby apply for membership of the Australian Institute of Company Directors (AICD) and agree to be bound by its Constitution and By-Laws and the Code of Conduct. I declare that I am not subject to a notification of disqualification as provided in Part 2D.6 of the Corporations Act nor am I bankrupt under the Bankruptcy Act 1966. I understand the AICD is a not-for-profit company limited by guarantee and that my guarantee is limited to twenty dollars (\$20). I have read the Privacy Policy of the AICD and I meet the criteria for membership of the AICD. For further information refer: www.companydirectors.com.au

Signature: _____

Date: _____

We are unable to process this form without the declaration being signed.

TAX INVOICE*

Amount payable

	Australian Members (including GST)	International Members (GST Free)
Application fee	\$110.00	\$50.00
One year membership subscription	\$445.00	\$202.00
Total	\$555.00	\$252.00

Payment details

I enclose a cheque

Or Please charge my credit card account

Diners Visa Mastercard Amex

Card Number: _____

Name on Card: _____

Expiry Date: _____

Signature: _____

*This form will serve as your Tax Invoice for GST upon full payment. You may be able to claim an Input Tax Credit equivalent to the amount of GST paid depending on your circumstances. Australian Institute of Company Directors ABN 11 008 484 197

What happens next

Upon receipt of your application, your payment will be processed. You will then receive a confirmation email and be entitled to member rates on the AICD website (including member rates for the *Company Directors Course*) and you will be eligible for use of AICD post-nominals. Within approximately one month you will receive a membership pack including a membership card and certificate. Membership is subject to AICD Division Council approval. Any application not approved will be notified in due course.

AICD CONTACT DETAILS

Please send completed forms to your local AICD office at the relevant address below:

Address to:

Australian Institute of Company Directors

Australian Capital Territory

GPO Box 482, Canberra ACT 2601

New South Wales

PO Box R1880

Royal Exchange NSW 1225

Northern Territory

GPO Box 482, Adelaide SA 5000

Queensland

GPO Box 73, Brisbane QLD 4001

South Australia

GPO Box 482, Adelaide SA 5000

Tasmania

PO Box 1090, Sandy Bay TAS 7006

Victoria

PO Box 380, Collins Street West,

Melbourne VIC 8007

Western Australia

PO Box 7050, Cloisters Square,

Perth WA 6850

International

PO Box 7050, Cloisters Square

Perth WA 6850

Australia

Enquiries

Telephone 1300 739 103

or website

www.companydirectors.com.au

Refund policy

Membership fees will not be refunded by the AICD except where:

- an application for membership is declined by the AICD;
- exceptional circumstances prevent a member from continuing their membership. Written applications to Membership Services in the National Office will be assessed on a case by case basis.

Disclaimer

The details on this form were accurate at the time of printing. The Australian Institute of Company Directors reserves the right to make changes where necessary.

*The information provided by you on this form will assist AICD provide information and services more aligned with your specific needs.

Privacy statement

We collect your personal information in connection with our role as a professional organisation for company directors providing education, information and advocacy (which includes providing information and products and services to you). We may disclose your personal information to event participants and service providers that perform services on our behalf (our agents). If you do not provide your personal information, we may not be able to do these things. In most cases, you are able to gain access to your personal information which we hold on request. In addition from time to time, we may share personal information with our agents to promote through direct mail or e-mail a service or product that we consider to be of personal and/or professional benefit to you. By submitting this form, you consent to us using and disclosing your personal information for this purpose. For further information refer: www.companydirectors.com.au