

Membership Application Form

The information provided by you on this form will assist the Australian Institute of Company Directors to provide information and services aligned with your specific needs.

You can easily complete this application form online by going to www.companydirectors.com.au

Please complete all sections using black or blue ink, placing a cross (X) in the appropriate box and return to your local Australian Institute of Company Directors office with payment (see back for contact details). Incomplete forms may be returned to obtain required information.

About you

Personal Details

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

First name: _____

Middle name: _____

Surname: _____

Preferred name (if applicable): _____

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

Date of birth: DD / MM / YYYY

Gender: Male Female

Home contact details

Address 1: _____

Address 2: _____

Suburb / Town: _____

State: _____ Postcode: _____

Country: _____

Phone: _____

Mobile: _____

Email: _____

Business contact details

Position title: _____

Organisation name: _____

Address 1: _____

Address 2: _____

Suburb / Town: _____

State: _____ Postcode: _____

Country: _____

Phone: _____

Mobile: _____

Email: _____

I prefer to be contacted at:

Preferred phone contact Business Home Mobile

Preferred mail contact Business Home

Preferred email contact Business Home

We will use, where possible, your preferred method of communication when contacting you about a specific issue.

I authorise the Australian Institute of Company Directors to contact my Personal / Executive Assistant:

Name (First, Surname): _____

Phone: _____

Email: _____

Highest educational qualification

Doctoral degree

Masters degree

Post graduate

Bachelor degree

Diploma

Higher school certificate

School certificate

Not applicable

Career history

Year you first reported to a board: YYYY or Never reported

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

Number of directorships currently held (including overseas): _____

Other professional organisations / associations you are a member of:

CPA (Certified Practising Accountant)

ICAA (Institute of Chartered Accountants in Australia)

CSA (Chartered Secretaries Australia)

Engineers Australia

My state Law Society

International directorship organisation (please specify):

Other (please specify): _____

Your role most relevant to your membership

Complete this section in relation to the role you hold which is **most relevant** to your membership with us.

Position title: _____

Department (if applicable): _____

Organisation name: _____

What type of role is this (select one only)?

Business owner of a proprietary company (i.e. a Pty Ltd company) of which I am the sole director

Business owner of a proprietary company with more than one director

Business owner not registered as a company (e.g. a sole trader and not a Pty Ltd company)

A full time executive director including Managing or Finance Director (but not the business owner)

Non-executive director (includes part-time, multiple directorships)

A board position independent of my full / part time position

An executive (C level: CEO, COO, CFO, CMO, CIO, etc) reporting to a board or Government organisation

A corporate governance professional (Company Secretary, Academic)

A governance consultant

Retired

Between roles and have previously been a director

Between roles but have never been a director

Aspiring to secure my first board directorship

Full time employee with an interest in directorship / governance

A professional services firm – partner or senior consultant

What type of organisation is it for (select one only)?

Small organisation (1-9 employees)

Small to Medium organisation (10-199 employees)

Large organisation (200+ employees)

ASX 200 company

Not-for-profit organisation (NFP)

Government organisation

If you selected Small or Small to Medium (select if applies):

The organisation has or is planning to develop a board (i.e. including independent directors who jointly oversee the organisation's activities)

Which best describes this organisation's industry (select one only)?

Agriculture, Forestry and Fishing

Mining

Manufacturing

Electricity, Gas, Water and Waste Services

Construction

Wholesale Trade

Retail Trade

Accommodation and Food Services

Transport, Postal and Warehousing

Information Media and Telecommunications

Financial and Insurance Services

Rental, Hiring and

Real Estate Services

Professional, Scientific and

Technical Services

Administrative and

Support Services

Public Administration and Safety

Education and Training

Health Care and Social Assistance

Arts and Recreation Services

Other Services

Your roles (including Manager, Executive positions and Directorships)

We would like to know more about the types and number of roles you hold within each organisation, including your role outlined above. In the table below, please enter the **number** of roles you hold next to the corresponding organisation and role type (see example).

	Executive Director (inc. Owner Director)	Non-Executive Director	Chairman	Other (i.e. Executive, Manager, Consultant)
ASX 200 company				
Large (200+ employees) – listed				
Large (200+ employees) – unlisted				
Small to Medium (10-199 employees) – listed				
Small to Medium (10-199 employees) – unlisted				
Small (1-9 employees)				
Not-for-profit				
Government				
Example – I am an Executive Director of a Large unlisted company, also with 2 SME and 1 NFP Non-Executive Directorships.				
Large (200+ employees) – unlisted	1			
Small to Medium (10-199 employees) – listed		2		
Not-for-profit		1		

Not-for-profit roles

If you hold a NFP role(s), please indicate the type of NFP(s) you work with (select as many as applicable):

Charity Professional / Industry

Education Sport and recreation

Health Other(s) _____

Board sub-committee roles

If you sit on a board sub-committee(s), what type do you sit on (select as many as applicable)?

Audit Remuneration

Compliance Risk

Finance Sustainability

Nominations Other(s) _____

Privacy statement

We collect your personal information to provide you with education, information (including event information) and advocacy and to provide you with other products and services of the Australian Institute of Company Directors and from providers with which we have arrangements. We also collect it for research purposes and to seek your consent to use your personal information for other purposes and, in the case of members, to administer your application and membership. If you do not provide your personal information, we may not be able to do these things. We may contact you for 12 months after cessation of your membership. We may communicate with you for these purposes by any means. This includes email which does not contain a functional "unsubscribe" facility for Communications relating to membership or the constitution of the Australian Institute of Company Directors. In respect of communications other than these we will upon request unsubscribe you from our emailing list.

We may disclose your personal information to the speakers, organisers, hosts and sponsors of events you have advised you are attending, our agents and contractors and providers of goods and services with which we have an arrangement. We may also disclose to Australian and overseas regulatory authorities the fact that you are a member, the nature of your membership and the courses you have completed, on request by such authorities. You are able to gain access to your personal information in most cases. By submitting this form, you consent to us using and disclosing your personal information and contacting you as described above, and to the transfer of your personal information overseas to administratively facilitate the above purposes. For further information refer to our website www.companydirectors.com.au

Declaration

I hereby apply for membership of the Australian Institute of Company Directors 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 Australian Institute of Company Directors is a not-for-profit company limited by guarantee and that my guarantee is limited to twenty dollars (\$20). I have read the Privacy Statement of the Australian Institute of Company Directors and I meet the criteria for membership.

For further information refer to our website www.companydirectors.com.au

Signature: _____ Date: ____ / ____ / ____

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

What happens next

Upon receipt of your application, your payment will be processed and you will then receive a confirmation email. You will be entitled to member rates (on courses, events and publications) and eligible for use of our post-nominals.

Within approximately one month you will receive a membership pack including a membership card and certificate. Membership is subject to Division Council approval. Any application not approved will be notified in due course.

Contact details

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

Australian Institute of Company Directors

Australian Capital Territory
GPO Box 1371, 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

Overseas
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 us except where:

- an application for membership is declined;
- exceptional circumstances prevent a member from continuing their membership. Written applications 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.

****OFFICE USE ONLY****

Member Number: _____ MRE: _____

Entered by: _____ Date: _____