APPLICATION FOR MEMBERSHIP

ASSOCIATE IN PUBLIC PRACTICE

AUSTRALIAN VALUERS INSTITUTE CO-OP LIMITED ABN: 19 371 614 632

Secretary: Kerry Ellison
PO Box 719
Castle Hill NSW 1765

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E: avi@melrosepartners.com.au

Name of Applicant: ……Address: ……

Telephone: …….. Fax: …….. Email Address: ……..

Tick all appropriate boxes

1. I apply to the Australian Valuers Institute for associate membership of the Institute.
2. The following property professionals can confirm my personal and professional reputation:

   Name: (1) …….. (2) ……
   Firm: …… ……
   Address: …… ……
   T: …… ……

3. I am a member of the following occupational associations:

   …… ……..

4. I certify that

   ☐ I am registered as a valuer under the Valuers Act 2003. A copy of current certificate of registration is attached

   ☐ I will comply with the AVI Code of Ethics and Rules of Conduct

   ☐ I am in public practice and will comply with the requirements for the issue of a practising certificate (fee B payable) when required to do so

   ☐ The details of any claims that have been notified or made against me in the past ten years are attached. *Details required: Subject matter of claim or complaint, (amount claimed, legal costs and the name of the broker if any) and outcome/result.*

   ☐ I consent to the AVI (without identifying me) providing the claims or complaints details to the Professional Standards Council, if necessary.

5.

   ☐ I apply for exemption from the AVI Cover of Excellence® Scheme (see attached) (fee A payable)

   ☐ I apply for a higher amount of limited liability than would ordinarily apply to me under the Scheme (see attached).

6. I certify that I will when subject to the AVI Cover of Excellence® Scheme

   ☐ Display a limited liability disclosure statement on my business documents and promotional material in compliance with the requirements of the professional standards legislation and Professional Standards Council

   ☐ If I display the Cover of Excellence® logo I will comply with the requirements of the Professional Standards Council in that regard

   ☐ Be covered by a current policy of professional indemnity insurance that complies with the requirements of the AVI and have sufficient assets to cover the cost of the deductible applicable

   ☐ Comply with the AVI requirements for continuing professional development

   ☐ Provide evidence to the AVI of my compliance with these requirements, if requested by the AVI

7. I agree that the AVI may audit my records to confirm my compliance with the requirements of membership of the AVI and in relation to the AVI Cover of Excellence® Scheme. I consent to the AVI using email or post to contact me in relation to AVI matters, industry news, conferences and seminars. I consent that the AVI may (when the Cover of Excellence® Scheme applies to me) publish, on the AVI website in a public register of members to whom the Cover of Excellence® Scheme applies, my name and limitation amount.
8. I certify that the information in this application is true and correct and attach herewith the application fees.

Tax Invoice	**A**	**B**
Annual Subscription	$300	$400
AVI Share Capital	$ 1	$ 1
Initial once only payment toward PSC scheme	$100	$100
GST	$ 40	$ 50
Total Due and Payable	**$441**	**$551**

Dated:…… …….. ……

Signature Applicant

Witness Signature & Name