



STUDENT MEMBERSHIP APPLICATION
& RENEWAL APPLICATION

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

Secretary: Kerry Ellison
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Castle Hill NSW 1765

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Name of Applicant: Address:
Telephone: Fax: Email Address:

- 1. I apply to the Australian Valuers Institute for student membership of the Institute.
2. The following 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 will comply with the AVI Code of Ethics and Rules of Conduct that apply to me.
5. I consent to the AVI using email or post to contact me in relation to AVI matters, industry news, conferences and seminars.
6. I provide the following details in relation to my current enrolment in a Property Valuation course approved by the State Government as being satisfactory to enable myself to graduate, in due course, with valuation registration qualifications.
Institution:
Course Name:
Student Number:
Current Enrolment Year:
7. I consent to the AVI contacting the above institution to confirm my enrolment.
8. I certify that the information in this application is true and correct and attach herewith the application fees.

Table with 2 columns: Description, Amount. Rows: Annual Subscription (\$30.00), GST (\$ 3.00), Total Due and Payable (\$33.00)

Dated: Signature Applicant Witness Signature & Name