

## APPLICATION FOR MEMBERSHIP ASSOCIATE IN PUBLIC PRACTICE

Name of Applicant: ..... Address: .....

Tel: ..... Mob: ..... 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: .....  
 Tel: .....

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

.....

4. By ticking each of the respective boxes below, 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. In regards to PSC

- 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	<b>A</b>	<b>B</b>
Annual Subscription	\$300	\$400
AVI Share Capital	\$ 1	\$ 1
Initial once only payment toward PSC scheme	\$100	\$100
<b>Total Due and Payable</b>	<b>\$401</b>	<b>\$501</b>

.....  
Date

.....  
Signature Applicant

.....  
Witness Signature & Name

**AUSTRALIAN VALUERS INSTITUTE CO-OP LIMITED ABN: 19 371 614 632 DIRECT DEPOSIT DETAILS**

**Bank: Westpac**  
**Account Name: Australian Valuers Institute Co-op Ltd**

**BSB: 032 083**  
**Account Number: 51 0220**