MEMBERSHIP RENEWAL APPLICATION ASSOCIATE & FELLOW MEMBERS

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

Tel: ..……..….. Mob: …….. Email Address: ……..……..……..

Tick all appropriate boxes

1. I apply to the Australian Valuers Institute for renewal of my membership.

2. 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.

3. Exemption from AVI Scheme

☐ 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).

4. 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

5. 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.

6. I certify that the information in this application is true and correct and attach herewith the application fees.

Tax Invoice	**A**	**B**
Annual Subscription	$300.00	$400.00

……	……..……..……..	……..……
Date	**Signature Applicant**	**Witness Signature & Name**

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

Bank:	**Westpac**	**BSB:**	**032 083**
Account Name:	**Australian Valuers Institute Co-op Limited**	**Account Number:**	**51 0220**