

MEMBERSHIP APPLICATION

1. APPLICANTS INFORMATION

Firstname:

Surname:

Postal address:

Suburb:

State:

Postcode:

Email:

Mobile:

2. MEMBERSHIP TYPE - PLEASE TICK APPROPRIATE BOX

- Student* Provisional Associate
 Associate Certified Practicing Valuer

*Student membership 50% discount applies - \$165 per annum

3. DECLARATION

By ticking each of the respective boxes below, I certify that;

- I am/was registered as a valuer under the Valuers Act 2003. A copy of my certificate of registration is attached
- I will comply with the AVI Code of Ethics and Rules of Conduct

4. SIGNATURES

I certify that the above statements are correct. I wish to apply for membership of the Australian Valuers Institute and

Signature: _____

Date: _____

5. TAX INVOICE & PAYMENT DETAILS

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

Annual subscription:	\$300
AVI share capital:	\$1
Total:	<u>\$331</u>

Account name: Australian Valuers Institute Co-op Ltd

Banking institute: Westpac

BSB: 032 - 083

Account number: 510 220

Payment reference: Member's surname

OFFICE USE ONLY	
Date application received:	
Type of membership:	
Copy of qualifying documentation received:	
Copy of COE record received:	