

THIS FORM OF AGREEMENT MUST BE SIGNED BY APPLICANT



FORM OF AGREEMENT

If elected to Membership I agree to abide by the Rules and Regulations of the Australian Institute of Radiography as set out in the Constitution of the Institute, the By-laws, the Code of Professional Conduct for Radiographers and such other Rules and Regulations as may be in force from time to time. I warrant that I have disclosed to the Institute every matter which I know to be relevant or which I might reasonably be expected to know to be relevant to my Application and my fitness for admission and to the Institute's decision whether or not to accept me as a Member. I understand that if I fail to make such disclosure, my rights to membership may be forfeited or prejudiced. I also understand that my membership will terminate on the occurrence of specified events or in the event that I become unfinancial as a Member in accordance with the Constitution of the Institute. I acknowledge that the Board of the Institute shall have the absolute right in accordance with its Constitution to refuse to admit me to membership if it shall not approve me as a Member and that it shall not be required to state or furnish any reason for any such refusal. I understand that should I wish to withdraw from further financial obligation, I am required to provide advance written notice of my intention to resign and that such notice will become effective only if all dues and arrears are paid up at the date my resignation is to become effective.

Signature of Applicant

Date __ __ / __ __ / __ __

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

ABN 26 924 779 836

MEMBERSHIP APPLICATION FORM

PO BOX 16234 , COLLINS STREET WEST
VICTORIA 8007
AUSTRALIA

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Email info@air.asn.au
Website www.air.asn.au

AIR Registered Office
25 King Street, Melbourne, Victoria 3000 Australia

Surname _____ Date of Birth __ __ / __ __ / __ __
Maiden name _____
Given names _____
Title (circle one) Mr Mrs Ms Other
Address _____

Town / Suburb _____ State _____ Postcode _____
Tel (W) _____ Tel (H/M) _____
Email _____

EMPLOYER'S NAME _____
Tel _____
Email _____

I hereby apply for admission to the Australian Institute of Radiography as:

- Ordinary Member Provisional Member Student Member
 Overseas Member Associate Member Non-Active Member
 Spouse Member

I tender the sum of:

- Subscription \$A _____
 Entrance fee \$A _____
Sub total \$A _____
 GST 10% \$A _____ (Not applicable on overseas membership)
Total \$A _____

N.B Entrance Fee not applicable for Student Member or for Provisional Member transferring directly to Ordinary Membership

- Enclosed cheque
OR charge cost to Visa MasterCard Amex
Name of cardholder (print) _____
Card No. _____
Expiry date __ __ / __ __
Signature of cardholder _____

OFFICE USE ONLY

Membership No. _____ Date admitted __ __ / __ __ / __ __
Exec. Off. _____
Receipt No. _____ Total due \$A _____
Category _____ Subscription \$A _____
Entrance fee \$A _____
Rebate allowed Cr \$A _____
Received GST \$A _____
Balance \$A _____
Certificate No. _____ Dated __ __ / __ __ / __ __
Mailed by Surface Air Date __ __ / __ __ / __ __

PROPOSAL

I, the undersigned being a current Member of the Institute authorised according to the requirements of Clause 6 of the Constitution of the Institute, do hereby declare that the abovenamed applicant is known personally to me, and do propose this applicant for admission to membership of the institute.

Name of Proposer _____
Print
Signature _____
AIR Membership No. _____ Checked

NOTE: Applicants for admission to Membership must be nominated in writing (above) by a financial Member of the Institute having personal knowledge of the applicant. All annual subscriptions shall become due and payable in advance on the 1st day of July in every year.

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