

AICR Affiliate Corporate Membership Form

Organisation Details: _____

Name: _____

Address: _____

Mailing Address: _____

Contact Name: _____

Position: _____

Contact Number: _____

Mobile: _____ Email: _____

Website: _____

- ☐ I have the authority to apply for **Affiliate Corporate Membership** on behalf of the organisation.
- ☐ I have read and agree to be bound by Australian Institute of Commercial Recovery ("AICR") Code of Conduct.
- ☐ I consent to the information about me contained in this form being collected by AICR for the purposes of processing my membership application and for other purposes related to my membership and agree to the use and disclosure of personal information provided by me for the purposes of furthering the interests of AICR and the objectives of AICR.
- ☐ I agree to inform the Institute in writing if there is a change in the status of any of the above matters which I have declared. I will inform the institute within 7 days of becoming aware of the change.
- ☐ I consent to receiving electronic communication from AICR.
(AICR is committed to your privacy. For further information, please view our complete privacy policy at aicr.net.au)

Signature: _____

Print Name: _____ Date: _____

Payment details

Membership fees to 30 June 2021.

Any company or person joining or renewing mid membership year will required to pay back dated fees to the beginning of the membership period.

AICR Affiliate Corporate Annual Membership fees are \$450.00 plus GST.

By submitting this application, I acknowledge that membership is not guaranteed. AICR reserves its right to accept or reject membership applications at its complete discretion. If successful AICR will invoice the applicant and until fees are paid in full the applicant will still not be considered a member of AICR.

To submit an application please ensure this application form is completed in its entirety and email to info@aicr.net.au

