## AICR Ordinary Corporate Membership Form



Phone: 1300 006 584

**ACN:** 623 080 900

Email: info@aicr.net.au

| Organisation Details:  |  |
|--|--|
| Name:  |  |
| Address:   |  |
| Mailing Address:   |  |
| Contact Name:  |  |
| Position:  |  |
| Contact Number:  |  |
| Mobile: Email:   |  |
| Website:   |  |
| I have the authority to apply for <b>Ordinary Corporate Membership</b> on  | oehalf of the organisation.                          |
| I have read and agree to be bound by Australian Institute of Commerci  | al Recovery ("AICR") Code of Conduct.                |
| I consent to the information about me contained in this form being coll membership application and for other purposes related to my member information provided by me for the purposes of furthering the interests | ship and agree to the use and disclosure of personal |
| I agree to inform the Institute in writing if there is a change in the status<br>I will inform the institute within 7 days of becoming aware of the chang  |  |
| I consent to recieving electronic communication from AICR.  (AICR is committed to your privacy. For further information, please view our complete privacy).  | ry 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 Ordinary Corporate Annual Membership fees are \$5,000.00 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