



AUSTRALIAN INSTITUTE OF TRAINING & DEVELOPMENT

Publishers of *Training & Development* magazine

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APPLICATION FOR MEMBERSHIP

Personal Details

Mr/Ms/Mrs/Miss/Dr				
Home Address				
	State		Postcode	
Home Phone		Mobile		

Current Employment

Position / Job Title				
Organisation Name				
Postal Address				
	State		Postcode	
Phone		Fax		

Preferred mailing address for *Training & Development* magazine

- Home
- Business

Email	
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Qualifications - Please list your qualifications

Membership Categories & Fees

<input type="checkbox"/>	<p>I am applying for full AITD Individual Membership.</p> <p>Annual Fee of \$275 plus the application Fee of \$35 – total \$310 (incl. \$28.18 gst)</p> <p>Full membership is granted to an individual person, not to a position or role within a company. Please phone Member Services for information on our Corporate Membership for company retained, transferrable memberships.</p>
<input type="checkbox"/>	<p>I am applying for AITD Associate Membership</p> <p>Annual Fee of \$140 plus the application fee of \$35 – total \$175 (incl. \$15.90 gst)</p> <p>Associate Membership is for those not in the paid workforce or who reside or are planning to reside overseas for a minimum of 12 months. Please provide proof of eligibility.</p>
<input type="checkbox"/>	<p>I am applying for AITD Student Membership</p> <p>Annual Fee of \$65 plus the application Fee of \$35 – total \$100 (incl. \$9.09 gst).</p> <p>Student Membership for those engaged in full time study. Please provide proof of eligibility.</p>
<input type="checkbox"/>	<p>I am applying for full AITD Individual Membership on the Pay by the Month scheme.</p> <p>Annual Fee of 12 x \$28 = \$336 plus the application Fee of \$35 – total \$371 (incl. \$33.73 gst.)</p> <p>Please phone Member Services to obtain the Pay by the Month Authorisation form.</p>

Please debit my credit card: Visa M'Card Amex Card Expiry Date

Card Number

_____ - _____ - _____ - _____ __ __ / __ __

Cardholder Name _____

Attached is my Cheque (made Payable to AITD)

Signature of Applicant

I agree to abide by the Constitution of the Institute during my Membership and understand this is available from the Membership Officer or the AITD website www.aitd.com.au/about/constitution As an AITD member you are entitled to display the "Current AITD member" logo. When displaying the "Current AITD member" logo on stationery, website, and promotional material or on a resume at all times you guarantee that you are a financial member of AITD. AITD members agree to commit to abide by an AITD Code of Ethics and Professional Practice.

I declare that the information given in this application is true and correct.

Signature

Date

Please return the completed form to AITD, Member Services, Suite 111, 410 Elizabeth Street, Surry Hills NSW 2010 or fax to 02 9211 8784. Applications are usually processed with in ten days of receipt.

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www.aitd.com.au



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