

Membership Form



PERSONAL INFORMATION

| | |
|--|------------|
| Title | Surname |
| Given names | |
| D.O.B. | |
| Position | |
| Organisation/Agency | |
| Office/Division | |
| Home address | |
| Postcode | |
| Work address | |
| Postcode | |
| Preferred address for correspondence <input type="checkbox"/> Home <input type="checkbox"/> Work | |
| Home phone | Work phone |
| Fax | Mobile |
| Email | |

SECTOR

| | |
|---|---|
| <input type="checkbox"/> Local government | <input type="checkbox"/> State government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Private sector |
| <input type="checkbox"/> University | <input type="checkbox"/> NGO/community organisation |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Government-owned corporation | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other | |

REASON FOR JOINING IPAA NSW

| | |
|---|-------------------------------------|
| <input type="checkbox"/> Courses | <input type="checkbox"/> Events |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Other (please specify) _____ | |

HOW DID YOU HEAR ABOUT IPAA NSW?

| | |
|---|--|
| <input type="checkbox"/> Referred by a member | <input type="checkbox"/> IPAA NSW publications |
| <input type="checkbox"/> IPAA NSW website | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> IPAA NSW event | <input type="checkbox"/> IPAA NSW course |
| <input type="checkbox"/> Other | |

Name of IPAA NSW member who referred you to the Institute

DIETARY OR SPECIAL NEEDS

| | |
|--------------------------------------|--|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Food allergy (please specify) _____ |
| <input type="checkbox"/> Gluten free | <input type="checkbox"/> Other (please specify) _____ |

MEMBER PROFILE

AGE

| | | |
|-----------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 25 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 65+ |

GENDER

| | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

WORK STATUS

| | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Semi-retired | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Not currently in paid employment | | |

Apply and pay online at nsw.ipaa.org.au or fax your completed membership form to IPAA NSW on 02 9241 1920. Write clearly using BLOCK letters and tick appropriate boxes. For all enquiries email info@nsw.ipaa.org.au or phone 02 9228 5225.

AVERAGE ANNUAL INCOME

| | | |
|--|---|--|
| <input type="checkbox"/> Up to \$24,999 | <input type="checkbox"/> \$25,000-\$44,999 | <input type="checkbox"/> \$45,000-\$64,999 |
| <input type="checkbox"/> \$65,000-\$84,999 | <input type="checkbox"/> \$85,000-\$140,000 | <input type="checkbox"/> SES or equivalent |

REGION

| | |
|---|---|
| <input type="checkbox"/> Sydney Metro | <input type="checkbox"/> Greater Western Sydney |
| <input type="checkbox"/> Illawarra | <input type="checkbox"/> North Coast |
| <input type="checkbox"/> South East | <input type="checkbox"/> Central Coast |
| <input type="checkbox"/> Hunter | <input type="checkbox"/> New England/North West |
| <input type="checkbox"/> Riverina-Murray | <input type="checkbox"/> Western NSW |
| <input type="checkbox"/> International (outside Australia) <input type="checkbox"/> Other _____ | |

WHICH GROUPS ARE YOU INTERESTED IN?

Special Interest Groups and Networks

| | |
|--|--|
| <input type="checkbox"/> People, Performance and Culture | <input type="checkbox"/> Shared Services |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Young Professionals Network |

IPAA CHIP INCENTIVE PROGRAM *

Please include the names of colleagues who might be interested in becoming IPAA NSW members. You will earn an IPAA NSW Chip to the value of \$25 for each new member who names you as the IPAA NSW member who referred her/him. IPAA Chips can be redeemed for discounts on IPAA NSW events, courses and membership.

* Available to professional and associate IPAA NSW members only

Name

Contact details

PAYMENT DETAILS

SELECT MEMBERSHIP TYPE

☐ Professional member \$250 (GST incl.)

☐ Associate member \$140 (GST incl.)

(Associate membership: annual salary less than or equal to \$70,000).

☐ Affiliate member \$7 (GST incl.)

PAYMENT DETAILS

| | | |
|--------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> AMEX |
| <input type="checkbox"/> Diners Club | <input type="checkbox"/> Cheque | |

Card number

| | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Expiry month year

Name on card

Authorised amount

Signature

