

Membership Reinstatement Form



Please complete form in BLOCK LETTERS. Payment provides membership until 31/12/2024 and must accompany form.

93MEM_1023

Personal Details

Your Master ID (if you do not have a Master ID please create one at www.anziif.com/apply)

Given Name

Middle Name

Family Name

Date of Birth (DD / MM / YYYY)

Business Phone

Home Phone or Mobile

Email

Business Name

Business City/Suburb

Certified Insurance Professional (CIP) Membership Levels -

Please circle the level you are applying for:

CIP Level	Post Nominal	Membership Fees (pro rata)			
		Australia	New Zealand	International	International Emerging Markets†
Fellow	ANZIIF (Fellow) CIP	A\$520	NZ\$494	A\$399	A\$294
Senior Assoc	ANZIIF (Snr Assoc) CIP	A\$520	NZ\$494	A\$399	A\$294
Associate	ANZIIF (Assoc) CIP	A\$520	NZ\$494	A\$399	A\$294
Affiliate	ANZIIF (Aff) CIP	A\$520	NZ\$494	A\$399	A\$294

Non-CIP Membership Levels - Please circle the level you are applying for:

CIP Level	Post Nominal	Membership Fees (pro rata)			
		Australia	New Zealand	International	International Emerging Markets†
Allied	ANZIIF (Allied)	A\$250	NZ\$256	A\$222	A\$222

† A discounted membership fee is available for individuals residing in countries which have been categorised as "low income" or "lower middle income" countries by the World Bank Country Income Classification List (as of July 2010). For the full list of countries, please visit www.anziif.com

ANZIIF offers a discount to those who have retired from working or who are on maternity leave. Please contact customerservice@anziif.com for further details. All Membership fees are non-refundable.

Payment

My fee is included with this form and will be paid by

 Employer/Bulk Renewal Self Other (Please specify) Please release my details to employer (Please tick if employer paying)

Payment Details (Membership will not be processed without payment details)

Renew online at www.anziif.com

OR By phone with credit card details. (+61 3) 9613 7280 or NZ Toll Free 0800 103 675

OR Please debit my Credit Card (please tick)

 Amex Mastercard Visa

Card Number

Name on Credit Card

Expiry Date

Signature of Cardholder

A \$

NZ \$

* New Zealand residents pay in New Zealand dollars only.

OR My membership fee will be paid by (please tick):

 Cheque / Bankdraft Enclosed, OR Bank Transfer (Date of transfer)

For Australian and International Students/ Members:

Bank Name: NAB
BSB: 083-004
Account Number: 515117195
Swift Code: NATAAU3303M

For New Zealand Students/Members:

Bank Name: NAB
BSB: 020-500
Account Number: 0550383025
Swift Code: BNZNZN22

Cheques to be made payable to Australian and New Zealand Institute of Insurance and Finance. Bank transfers often incur bank fees. Please ensure these fees are accounted for in your transfer.

The amount paid is inclusive of GST for Australian members. For overseas members (other than New Zealand) the membership rate has been adjusted and appears in Australian dollars. Membership fees are normally tax deductible. This document will be a tax invoice when completed and payment is received.

Privacy Statement

The Australian and New Zealand Institute of Insurance and Finance (ANZIIF) collects and stores your personal information for the purposes of providing membership services, providing education and training programs, improving and promoting products and services, meeting education regulatory reporting and compliance requirements, and promoting your membership status in various ways. For full details of our Privacy Policy refer to our website www.anziif.com/about/privacy-statement. ANZIIF produces lists of members and CIPs to promote membership/CIP status for circulation within the insurance industry and in ANZIIF publications (including in the Journal and on the ANZIIF website). Please indicate if you do not wish to have your name included on such lists by emailing customerservice@anziif.com

Many employers support their staff membership. ANZIIF on occasions is asked to supply membership details to employers. Please indicate if you do not wish to have your details released to your employer by emailing customerservice@anziif.com, quoting your Master ID and advising that you do not agree to ANZIIF releasing your membership details to your employer this year.

All ANZIIF members are bound by the ANZIIF's Constitution, Regulations, Code of Ethics and Standards of Professional Conduct. These can be accessed at www.anziif.com/about/governance. Payment of the annual membership fees implies agreement to abiding by these ANZIIF membership requirements.

Declaration

I declare that to the best of my knowledge the information supplied in this form is correct and complete. I acknowledge that the provision of incorrect information or documentation relating to my membership may result in withdrawal of my membership, at the discretion of ANZIIF. I agree to abide by ANZIIF's Constitution, Regulations, Code of Ethics and Standards of Professional Conduct.

Signature

Date

Please return this completed membership form with correct fee to the Australian and New Zealand Institute of Insurance and Finance.

Mail to:
Level 18, 1 Nicholson Street
East Melbourne VIC 3002
Australia

Email:
customerservice@anziif.com

This acts as a tax invoice upon payment of the fee.
ABN 56 004 320 076