

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)

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\$312	NZ\$296	A\$239	A\$176
Senior Assoc	ANZIIF (Snr Assoc) CIP	A\$312	NZ\$296	A\$239	A\$176
Associate	ANZIIF (Assoc) CIP	A\$312	NZ\$296	A\$239	A\$176
Affiliate	ANZIIF (Aff) CIP	A\$312	NZ\$296	A\$239	A\$176

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\$150	NZ\$154	A\$133	A\$133

† 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 1 January 2024). If you do not know your country's categorisation, please contact customerservice@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☐ Self☐ Other (Please specify)

Payment Details (Payment is required before your enrolment can be processed)

The total amount to be paid is

☐ I will pay by credit card.

We accept Visa, Mastercard and AMEX. (AMEX currently not accepted from students in New Zealand)

Please do not provide your credit card details on this form. When we process your enrolment, we will call you from 03 9613 7200 to take your payment.

If we cannot reach you, we will email you from customerservice@anziif.com.

This is to ensure your credit card details are protected

☐ I will pay by bank transfer.

Bank transfers often incur bank fees. Please ensure these fees are accounted for in your transfer.

The date of transfer is

/ / 20YY

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: BKNZNZ22

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

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