

# Membership Election Form

Please complete form in BLOCK LETTERS. Payment provides membership until 31/12/2020 and must accompany form.



0260\_0620\_200

## Personal Details

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

Given Name

Middle Name

Family Name

Date of Birth

 /  / 1 9  

Mobile

 ( )

Business Phone

 ( )

Email

Business Name

## Business Street Address

Unit No./ Street No./ Street Name

Suburb/ Town

Country

State

Postcode

## For all Fellowship CIP Criteria

The table found at [www.anziif.com](http://www.anziif.com) > Membership > Membership Levels > Fellow Criteria outlines how to become a Fellow and the Fellowship Passport points allocation system.

Applicants will be required to supply certified documentation supporting their application. Demonstrating a course has been satisfactorily completed. A certified copy is a photocopy of the original document with the signature and official stamp of an appropriate authority, e.g. solicitor, principal, doctor, police officer, indicating that they have sighted the original. A photocopy or fax of a certified copy is not acceptable.

## Membership for Overseas Qualified Insurance Professionals

ANZIIF offers membership arrangements for graduates with overseas qualifications. The Overseas Qualification Table found at [www.anziif.com/overseasmembership](http://www.anziif.com/overseasmembership) lists all of the existing ANZIIF membership arrangements for overseas graduates.

Applicants will be required to supply certified documentation supporting their application. Demonstrating a course has been satisfactorily completed. A certified copy is a photocopy of the original document with the signature and official stamp of an appropriate authority, e.g. solicitor, principal, doctor, police officer, indicating that they have sighted the original. A photocopy or fax of a certified copy is not acceptable.

## Membership for Australia and New Zealand Insurance Professionals

If you have completed the ANZIIF examinations please provide the title of the ANZIIF course here:

## Election Fee

**Please note:** Your election fee includes an annual membership subscription plus a one off admission fee (Australia A\$55, New Zealand NZ\$60, International A\$50, Emerging Market A\$35).

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

CIP Level	Post Nominal	Membership Fees (pro rata – 40% off the full-year fee)			
		Australia	New Zealand	International	International Emerging Markets*
Fellow	ANZIIF (Fellow) CIP	A\$330	NZ\$320	A\$260	A\$190
Senior Associate	ANZIIF (Snr Assoc) CIP	A\$330	NZ\$320	A\$260	A\$190
Associate	ANZIIF (Assoc) CIP	A\$330	NZ\$320	A\$260	A\$190
Affiliate	ANZIIF (Aft) CIP	A\$330	NZ\$320	A\$260	A\$190

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

CIP Level	Post Nominal	Membership Fees (pro rata – 40% off the full-year fee)			
		Australia	New Zealand	International	International Emerging Markets*
Allied		A\$175	NZ\$180	A\$160	A\$145

\* 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](http://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](mailto: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

 (Membership will not be processed without payment details)

Renew online at [www.anziif.com](http://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)

 /  / 2 0  

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/privacy](http://www.anziif.com/privacy). 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](mailto: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](mailto:customerservice@anziif.com), quoting your Master ID and advising that you do not agree to the ANZIIF releasing your details to your membership details to your employer this year.

All ANZIIF members are bound by the ANZIIF's Constitution and Regulations and Code of Ethics and Standards of Professional Conduct. These can be accessed at [www.anziif.com](http://www.anziif.com). 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 and Regulations and 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 7, 628 Bourke Street  
Melbourne VIC 3000

Email:  
[customerservice@anziif.com](mailto:customerservice@anziif.com)

Australia

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