

# Membership Reinstatement

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



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## Personal Details

Your Master ID (if you do not know your Master ID please find it at [www.anziif.com](http://www.anziif.com))

Given Name

Middle Name

Family Name

Date of Birth

 /  / 1 9 Y Y

Business Phone

 ( )

Home Phone or Mobile

 ( )

Email

Business Name and City/ Suburb

**CIP Membership Levels** - Please circle the level you are reinstating as:

CIP Level	Post Nominal	Membership Fees			
		Australia	New Zealand	International	International Emerging Markets*
Fellow	ANZIIF (Fellow) CIP	A\$455	NZ\$430	A\$350	A\$260
Senior Associate	ANZIIF (Snr Assoc) CIP	A\$455	NZ\$430	A\$350	A\$260
Associate	ANZIIF (Assoc) CIP	A\$455	NZ\$430	A\$350	A\$260
Affiliate	ANZIIF (Aff) CIP	A\$455	NZ\$430	A\$350	A\$260

**Non-CIP Membership Levels** - Please circle the level you are reinstating as:

CIP Level	Post Nominal	Membership Fees			
		Australia	New Zealand	International	International Emerging Markets*
Allied	ANZIIF (Allied)	A\$205	NZ\$205	A\$185	A\$185

\* 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/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](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     Diners Club

 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)

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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.

Please note the membership fee is non-refundable.

## 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  
Australia

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

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