

**Australian Institute of Conveyancers
(SA Division) Inc**

**Membership Registration Form – Conveyancing Business
TAX INVOICE**

ABN: 57 114 567 550

Post or Fax to AIC (SA) GPO Box 2402, ADELAIDE SA 5001

DX 58223 LTO

Fax: 8232 8618

Please mark category required

OPTION 1

Payment Due

Business Size	Number of Conveyancers	Up to No. of FTE staff	Min no. of seminars for option 2	FEES \$ (incl GST)	\$ (incl GST)
Conveyancer	1	0	4	495.00	
Small Business	1	2	4	550.00	
Small Business Plus	2	2	8	990.00	
Medium Business	3	3	12	1265.00	
Medium Business Plus	4	4	16	1540.00	
Large Business	5	5	20	1815.00	
Large Business Plus	>5	By Neg			

Sub Total Fees (incl GST) \$

Plus OPTION 2

2008 Seminars	Date	Number of people attending	Fee per seminar \$ (incl GST)	Total per seminar \$
Probate & Transmission Applications	9 Apr		X 66.00	
Dealing with Encumbered Titles	18 Jun		X 66.00	
How to have a happy RevNet Audit!	9 Jul		X 66.00	
Contracts - Implementation	13 Aug		X 66.00	
Contracts – Notices Revisited	10 Sept		X 66.00	
Division Project Management	15 Oct		X 66.00	
End of Year Function	28 Nov		X 77.00	
Total sessions attended (see above for min required)				

Sub Total Seminars (incl GST) \$

Or less 10% discount if booking 3-5 seminars

Total Seminars

GRAND TOTAL (Incl GST) \$

MEMBERSHIP SUBSCRIPTION: *I enclose one year's Membership fee as detailed above**

TOTAL ENCLOSED: \$ _____ (cheque/Money Order)



Credit Card Number: _____ / _____ / _____ / _____ Expiry Date: _____ / _____

Card Holder Name: _____ Amount: _____

Signature of applicant _____ Dated _____

Australian Institute of Conveyancers (SA Division) Inc

APPLICATION FOR MEMBERSHIP OF AN INDIVIDUAL

I hereby apply for Membership (*Compulsory – all sections must be completed*)

Surname			Type of membership <input type="checkbox"/> Ordinary <input type="checkbox"/> Student Other – Please specify	
Given Name		2 nd Given Name or initial		
Qualification/s Or Course and year level				
Business Name / Employer				
Business Address				
			Postcode	
DX Box Number		DX Exchange		
Telephone		Fax No		
Email Address		Mobile no:		
Home Address				
Postcode		Telephone		
Details of membership of other professional bodies:				
Date of first issue of licence/ registration	---/---/-----	Licence/ registration number	<i>NB: Please attach evidence of licensing registration.</i>	
If a licence/registration is or has been held in a State or Territory other than that in which this application is made, please give details				
Have you ever been refused a licence/registration or has a Licence/registration you have held ever been cancelled? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If 'YES', please give details				

****PROPOSER and SECONDER**

Applications must be proposed and seconded by existing full financial members of the Division of the Institute for which this application is made.

****PROPOSER:**

1. Full Name		Telephone No	
Signature			

****SECONDER: (If Associate Category seconder not required)**

2. Full Name		Telephone No	
Signature			