

Membership Number (office use only) _____



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APPLICATION FOR AFFILIATE MEMBERSHIP

Applicant Information

I/we hereby make application for membership of the Strata Titles Institute of Western Australia Inc as an Affiliate Member (non-voting):

Name of personal applicant: _____

OR

Name of corporate entity: _____

Trading as: _____

Whose nominated representative* is: _____

**Being a person authorised to act on behalf of the organisation named above in respect to membership*

Postal Address: _____

Trading Address if different: _____

Telephone: _____

Fax: _____

Email: _____

Organisation Information

Brief Description of main business activity: _____

Length of time in this activity: [] years

Please describe your interest in, or services provided to, those engaged in the strata titles profession: _____

Please list membership of any other professional bodies: _____

Nomination

This applicant is nominated by the following STIWA Member: _____

Signature of nominating member: _____

Date: _____

Applicant Declaration

I certify that:

- 1) I have not been convicted of any offence involving verbal dishonesty; and
- 2) I have not been suspended or expelled from any professional association.

I, the undersigned, hereby confirm that if accepted as an Affiliate Member of the Strata Titles Institute of Western Australia Inc, I will agree to be bound by the Constitution and Code of Ethics of the Institute.

Signature of applicant: _____

Date: _____

If signing on behalf of an organisation please indicate the capacity or authority of signatory: _____

Consent

- I consent to receiving STIWA information by email
- I do not wish to receive STIWA information by email

PLEASE SUBMIT SUBSCRIPTION FEE WITH THIS APPLICATION

FEES: JAN – DEC 2010 \$350 INC GST

CHEQUES CAN BE MADE PAYABLE TO: STRATA TITLES INSTITUTE OF WA INC AND MAILED TO THE ABOVE ADDRESS OR REMIT BY EFT TO: BSB: 186 300 ACCOUNT: 2202 36863 (PLEASE MAIL REMITTANCE ADVICE WITH THIS APPLICATION)